

**ASSESSING ALTERNATIVES IN MANAGING HIV POSITIVE OFFICER
CANDIDATES UNDER TRAINING IN THE SOUTH AFRICAN NAVY**

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DECLARATION

I, the undersigned, hereby declare that the work contained in this thesis is my own original work and that I have not previously in its entirety or in part submitted it at any university for a degree.

Signature

Date.....

ABSTRACT

South Africa has the world's highest adult HIV infection rate in the world. Experts estimate that over 1 500 people are being infected with the HIV virus per day in South Africa. The virus is undoubtedly having a negative impact on the labour population of the country and will ultimately affect the productivity of South Africa. The Constitution of South Africa, Act 108 of 1996, firmly denounces any form of unfair discrimination. The White Paper on Defence charges the South African National Defence Force (SANDF) to be an operationally ready force.

The potentially crippling effect HIV and AIDS can have on the effectiveness of SANDF is an area that needs to be researched. The military environment is unique in that it is considered to be a high-risk organisation in terms of HIV infection. Overseas deployment, male-dominated environments, risk-taking ethos and monthly income are all elements that accelerate the spread of HIV within the SANDF. The SANDF is a dominant member of the Southern African Development Community (SADC) and is involved in Peace Support Operations (PSO) throughout the African continent. This military intervention is predicted to increase with time. HIV in sub-Saharan Africa has infected over 30 million people – many with little or no primary health care.

The South African coastline is nearly 3 000km in length with six world-class harbours. These are strategic points that contribute to South Africa's economic prosperity on the African continent. It is the SA Navy's role to ensure that these harbours are well-guarded. The personnel responsible for patrolling the waters of the South African coastline need to be exposed to the proper training to be competent at this task.

Military training needs to prepare learners in the event of combat. This simulation of the combat environment may lead to injuries that heighten the threat of HIV transmission. SANDF training units traditionally discharge those

members who are medically unable to complete the mental and physical requirements of the course. The Military Training for Officers Part One (MTO1) course of the SA Navy is no different. HIV has created a new dynamic in that medical confidentiality protects the status of those people who are infected. Current SANDF policy does not offer sufficient guidelines to training units when dealing with learners who are infected with HIV. Human rights are constitutionally protected and unfair discrimination of any form is prohibited. The SANDF still needs to be operationally deployable and uniform members with HIV hinder this requirement. The question really is: is it fair discrimination to disallow/remove uniform members from the MTO1 course if they are HIV positive?

The purpose of this research is to establish what the best practises would be in managing HIV positive learners in the military training environment. The work environment would have to be researched to determine whether or not the threat of HIV transmission exists. Learners would be approached to determine if they felt they were at risk during training exercises. The training staff who execute the training exercises would need to be asked if they felt endangered or exposed to HIV infection during these exercises. Military medical personnel who deal with either training or HIV in their everyday jobs would then review this data.

The social stigma surrounding HIV is one of the challenges within this research design. The ethics and legality of mandatory HIV testing in the SANDF is an area that has sparked reaction from human rights movements. The compromising of human rights for the sake national security is an area of proportionality that raises new debates with the advent of HIV.

There are various alternatives of managing HIV within the SANDF that should be considered. The current SANDF HIV policy is, at best, vague when dealing with specific training issues. This research intends on making policy-makers within

the SANDF aware of the need to make definitive policy decisions to ensure that HIV does not compromise the effectiveness of the SANDF.

ABSTRAK

Die hoogste volwasse HIV infeksie in die wêreld, kom tans in Suid Afrika voor. Deskundiges is van mening dat daar daagliks in Suid Afrika meer as 1500 mense met die virus besmet word. Die virus het 'n definitiewe negatiewe impak op die Suid Afrikaanse arbeidsmark, en sal onomwonde die produktiwiteit van Suid Afrika beïnvloed. Die Suid Afrikaanse Grondwet, Wet 108 van 1996 verbied onomwonde enige vorm van onbillike diskriminasie. Die Witskrif ten opsigte van Verdediging verwag van die Suid Afrikaanse Nasionale Weermag (SANW) om 'n operasioneel voorbereide mag te wees.

Die potensiële krippelende effek wat HIV/VIGS op die effektiwiteit van die SANW kan hê is 'n area wat indringende navorsing benodig. Die militêre omgewing is uniek in die opsig dat dit beskou word as 'n hoë risiko organisasie in terme van HIV infeksie. Internasionale ontplooiings, manlik-georiënteerde omgewings, risiko-bepalende faktore, en maandelikse inkomste is almal elemente wat die verspreiding van HIV binne die SANW verhoog. Die SANW is die dominante lid van die Suider Afrikaanse Ontwikkelings Gemeenskap en is betrokke in vredes ondersteunings operasies binne Afrika. Dit word in die vooruitsig gesien dat die bogenoemde intervensies met tyd sal toeneem. In die Sub-Saharastreek het die HIV virus reeds 30 miljoen mense geïnfekteer – baie met min, of geen primêre gesondheidsorg tot hul beskikking.

Die Suid Afrikaanse kuslyn is bykans 3 000 km in lengte, met ses wereldstandaard hawens, geleë langs die kuslyn. Laasgenoemde is strategiese punte wat bydra tot die ekonomiese vooruitgang binne die Afrika kontinent. Dit is die SA Vloot se verantwoordelikheid om toe te sien dat die hawens goed bewaak word. Die personeel verantwoordelik vir die patrolering van die waters langs die Suid Afrikaanse kuslyn moet blootstelling kry aan voldoende opleiding om die taak te kan verrig.

Militêre opleiding moet leerders voorberei vir die moontlikheid van konflik. Hierdie simulering van die gevegs/konflik omgewing mag lei tot beserings wat die risiko ten opsigte van HIV verspreiding mag verhoog. Die SANW opleidingseenhede, het tradisioneel lede ontslaan wat nie aan die fisiese en geestelike vereistes van die kursus kon voldoen nie. Die Militêre opleiding vir Offisiere Deel Een kursus (MOO1) binne die SA Vloot is presies dieselfde. HIV het 'n nuwe dinamika veroorsaak naamlik, mediese vertroulikheid, wat die status van geaffekteerde lede beskerm. Huidige SANW beleid verskaf onvoldoende riglyne aan opleidingseenhede vir die hantering van leerders wat die HIV virus onder hande het. Mense-regte word konstitusioneel beskerm en enige vorm van diskriminasie word verbied. Daar word egter steeds van die SANW verwag om operasioneel ontplooibaar te wees, en uniform lede met HIV verhinder hierdie bepaling. Die vraag is: Is dit billike diskriminasie om lede wat HIV positief is van die MOO1 kursus te verwyder?

Die doel van hierdie navorsing is om te bepaal wat die beste praktyke sou wees in die bestuur van HIV-positiewe leerders in die militêre opleidings omgewing. Die werksomgewing sal nagevors moet word om te bepaal of die bedreiging van HIV-verspreiding bestaan aldan nie. Leerders sal genader moet word om te bepaal of hul ter eniger tyd gedurende opleidingsoefeninge gevoel het dat die risiko van blootstelling te hoog was. Die opleidings staflede wat die opleidings oefeninge oorsien sal gevra moet word of hul ter enige tyd bedreig of blootgestel gevoel het tot HIV infeksie. Militêre mediese personeel wat daagliks met opleiding of deur middel van hul daaglikse werk met HIV te doen het sal die data hersien.

Die sosiale stigma ten opsigte van HIV-toetsing is een van die uitdagings binne hierdie navorsings onderwerp. Die etiek en regsgeldigheid van verpligte HIV-toetsing binne die SANW is 'n area wat geweldige reaksie ontlok het van menseregte bewegings. Die kompromittering van menseregte ten gunste van

nasionale sekuriteit is 'n area van proportionaliteit wat nuwe debatering openbaar in die koms van HIV.

Daar is verskeie alternatiewe vir die bestuur van HIV binne die SANW, wat oorweeg kan word. Die huidige SANW HIV beleid is, ten beste, uiters vaag met die hantering van spesifieke opleidingsgeleenthede. Die navorsing beoog om beleidsmakers binne die SANW bewus te maak van die behoefte om definitiewe besluite te verseker dat HIV nie die effektiwiteit van die SANW beïnvloed nie.

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This research is dedicated to all serving uniform members who must now learn to confront the New Enemy. This work would not have been possible without the support from my wife Natalie and our newborn son, Ethan.

The world faces a humanitarian emergency in Africa beyond the imagination of those who do not live there. The scale of this emergency requires us to act decisively, with the full weight of the community of nations.

*Twenty years ago, the global community had not even heard of **AIDS**. Today, the **AIDS** pandemic -- unexpected, unexplained, and unspeakably cruel -- presents us, especially in Africa, with a tragedy we can barely comprehend, let alone manage.*

UN Secretary-General Kofi Annan, 6 December 1999

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DEFINITION OF KEY TERMS

AIDS: The abbreviation for Acquired Immune Deficiency Syndrome. It is a fatal and disabling disease caused by the Human Immunodeficiency Virus (HIV).

APLA: Azanian Peoples Liberation Army. Former non-statutory military arm of the Pan African Congress (PAC) during the apartheid era, now integrated into the SANDF.

Asymptomatic HIV Infection: The stage of HIV infection prior to the development of illness or clinical signs and symptoms.

BWK: Bridge Watch Keeping qualified. The naval qualification authorizing officer's to take command of a warship in terms of safety, maneuvering and navigation whilst the ship is under way at sea.

Confidentiality: The protection of personal data and test results in order to ensure the rights and the welfare of the individual from whom such data are collected. Only the individual and the health professionals directly involved in the care of the individual are aware of the test results. The results are not released to anyone except key medical personnel. This includes the divisional officer (DO) of the member.

Delegation of Duties: A job description that outlines the specific tasks an individual must complete. A Delegation of Duties gives exact parameters of responsibility and specifies areas of authority (chain of command). It is also referred to as a duty sheet.

Discrimination (Unfair): To make a distinction or unfairly treat/act against someone based on, inter alia, race, gender, sex, pregnancy, marital status,

ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth (Act 108 Of 1996, Ch 2, sec 9(3))

Division: The naval term used to describe the organisational section in which a person works. In a bureaucratic sense, it is the division of labour in a specific section, headed up by the Divisional Officer (see DO).

D.O.: Abbreviation for Divisional Officer. The naval term used to describe someone's superior/reporting supervisor.

HIV: Human Immunodeficiency Virus. HIV is the internationally recognised virus that causes AIDS.

HIV/AIDS: Term used in the research when both HIV and AIDS is indivisible to the findings.

HIV Infection: To be infected with the HIV virus.

Immunodeficiency: The inability of the human immune system to satisfactorily protect the body against infection. This results in an increased susceptibility to various cancers and opportunistic infections.

Incubation Period: The time period between the infection and the symptoms or onset of the clinical signs of AIDS.

Infectiousness: The relative ease with which a disease is transmitted.

Low-Risk Blood Donor: A person who is at a low risk of carrying infectious agents in his/her blood.

Mandatory Testing: HIV testing without informed consent which the individual is compelled to undergo. The term refers both to situations in which the individual clearly has no alternative and to situations where refusal will cause undue hardship on individual.

Midshipmen: The naval term for officer candidates, or those uniform members who are currently under training to become future officer's in the SA Navy. The term Officer Candidates is used concurrently with this term throughout the research.

Military Populations: The group comprising of members of national armed forces, including regular navy, army, air force contingents, military medical units, militia and reserve units, and paramilitary/guerrilla groups.

MK: UmKhonto We Sizwe. The former non-statutory military arm of the African National Congress during the apartheid era, now integrated into the SANDF.

Post Profile: The term used to describe the minimum and desired knowledge, skills and experience a uniform member must have in order to perform a specific job.

Preventative Measures: Measures aimed at stopping or limiting the sexual bloodborne transmissions of HIV. This includes educational measures, treatment of Sexually Transmitted Diseases (STD's), and practicing safe sex by using condoms.

Risk Factors: Conditions or behaviours, which are more likely that a person will become infected with HIV.

SANDF: Abbreviation for the South African National Defence Force.

Screening: The systematic laboratory testing of blood, blood products and tissue (including sperm and organs) to prevent HIV transmission to a recipient of the blood, blood product and tissue.

Sex Worker: A person who trades sexual acts or services for money or goods.

STI's: Sexually Transmitted Infections.

Stigmatise: To regard or treat people as shameful, disgraceful or discredited because of a difference (real or imagined) of perceived social norms.

Type I: HIV/AIDS found mainly in bi/homosexual men. Male : female ratio is 10:1. General level of HIV is low.

Type II: HIV/AIDS found mainly in heterosexual men and women. Male : female ratio is 1:1. General level of HIV infection is increasing.

Transfusion: The introduction of blood (or components thereof) directly into the blood stream.

Uniform Member: Any member of a state military defence force. It refers to serving members or reserve members involved in military activities.

Window Period: The time interval between infection with HIV and the appearance of detectable antibodies to HIV in the blood.

CHAPTER 1

1.1 INTRODUCTION

“Every citizen [has the right] to choose their trade, occupation or profession freely...” (Act 108 of 1996: sec 22(3))

“The primary object of the Defence Force is to defend and protect the Republic, its territorial integrity and its people in accordance with the Constitution and the principles of international law regulating the use of force...”(Act 108 of 1996: sec 200(2))

The above sections place certain legal expectations on employees, employers, and the South African National Defence Force (SANDF). The impact of the Human Immunodeficiency Virus (HIV) and the Acquired Immune Deficiency Syndrome (AIDS) since its devastating arrival in the medical world has affected all spheres of life. South Africa prides itself as currently having one of the most effective democracies in the world. Individual rights have never before been as pronounced in the South African society as what they are today. The Bill of Rights affords every individual in the country the right to certain basic rights which are taken for granted. Section 9 of the Constitution (1996: 9) reads as follows:

Equality

9. (3) The state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth.

(5) Discrimination on one or more of the grounds listed in subsection (3) is unfair unless it is established that the discrimination is fair.

In the labour environment, this appears to create procedural pressure on the human resource practitioners in the recruitment, selection and training

processes. The issue of people living with HIV/AIDS has become a human rights issue. In their 1998 research paper for the United Nations Development Programme (UNDP), the AIDS Law Project (ALP) based at the University of the Witwatersrand in Johannesburg, highlighted the fact that the practice of employers not employing HIV-positive people due to the fact they were a danger to fellow employees was unconstitutional (ALP, 1998:11). The South African Government, in the spirit of the Bill of Rights, drafted and approved the Code of Good Practice for dealing with persons who are HIV-positive and seeking employment. This was approved in December 2000. The Code seeks to eradicate any unfair discrimination in the workplace (Government Gazette no. 6942.)

1.2 PROBLEM STATEMENT

What is the best way to manage the functional training of HIV-positive officer candidates in the SA Navy?

It is intended to assess the ways to manage HIV-positive officer candidates. Before appointment as officer's in the SA Navy, all midshipmen are mentally and physically prepared for the possible burden of command in wartime. Throughout the MTO1 course, exercises are designed to place the midshipmen under both mental and physical stress. The 40-week officer's course is designed to measure how the candidate fares in these stressful situations. Historically, any candidate with a medical restriction (e.g. asthma, epilepsy, heart conditions) was not permitted to attend the course. The advent of HIV/AIDS and the medical confidentiality that it brings with it, introduces a new dilemma in the military training environment. With protection of the Constitutional rights of all individuals, whose rights will be infringed if those HIV-positive members are permitted to undergo the training? Will HIV-negative uniform members be at risk in training alongside HIV-positive uniform members? Will HIV-positive members fear stigmatisation if they disclose their HIV status? Can the SANDF deal with

HIV/AIDS in physical training environments without impinging upon anyone's rights? What is the best way to address this dilemma?

1.3 HYPOTHESIS

This study aims at assessing whether or not discriminating against HIV-positive midshipmen is a fair practise and assessing the best practises for future training of HIV-positive midshipmen.

The hypothesis would thus be as follows:

The exclusion of HIV-positive members from undergoing officer training is a constitutionally fair practise.

1.4 THE RESEARCH DESIGN

Originally the researcher considered a comparative analysis between the SA Navy and another organisation (military). The focus was to be on the SA Navy and primarily upon officer candidates. Having reviewed statistics of other navies, it was evident that South Africa finds itself in a unique position. The HIV rate in the US Navy, for example, is dropping (Bohnker, 2001:2). This is due to the fact that HIV prevalence in Western or developed countries is far lower and is considered to be a Type I strain (see table of contents). Africa has the traits of a Type II strain, which is spread far wider than developed countries (Whiteside, 1990:4, 10).

This research design is empirical and displays the characteristics of a participant observation study (Mouton 2001, 148-151). Due to the amount of literature and opinions that will be discussed, the study is predominantly qualitative in nature. The intention of this paper is to study empirical data of the possible impact of HIV in uniform members and the issue of training infected members. The interviews,

highlighted later in the methodology, display the characteristics of the exploratory and descriptive nature of the topic.

According to Yeager and Miller (1996:1) the military environment is a unique working environment and the use of a case study approach will highlight this. Insight into the problem will be gained on the issue of admitting members with HIV/AIDS onto the officer's course. It will demand that the actual training environment be thoroughly analysed, opinions of the learners, training staff and medical staff clarified, and the officer's course design intensely scrutinised. Parallel to this research process, the legality of the human rights issue surrounding HIV-positive members will be highlighted.

The potential weakness of this design is possible research bias (Mouton, 2001:106). To combat this, as many perspectives as possible will be obtained through structured and semi-structured interviews as well as questionnaires. This is necessary in order to be as objective as possible and to minimise researcher bias.

The point of departure is based on a literature review as well as a detailed analysis of the military training environment. In this case the environment would be that of SA Naval College, Gordon's Bay. There are a number of relatively contentious issues that will be discussed, namely: the legality of discrimination in the armed forces; the human rights of HIV-positive members; and the medical implications of managing HIV-positive members on such a strenuous course.

To effectively research HIV in the military environment may encroach on various ethical issues. The military organisation is excluded from the Promotion of Access to Information Act, 2 of 2000 due to the sensitivity of military information. Also, a possible threat to national security exists if certain privileged information is made public. The impact of not being able to make certain facts known will have an adverse effect on this thesis. However, the SA Navy should

acknowledge that research is being done that can hopefully assist the organisation in the future. HIV will not simply go away overnight. The greatest method of combating HIV infection is through research and making the results known to a larger audience.

1.5 SAMPLE GROUPS

An inductive process (Mouton, 2001:117) will be used to collect data. Due to the confidentiality of HIV-positive members, it is not possible to specifically target uniform members who are HIV-positive and ask their opinion. Instead, the following groups will make up the majority of the groups that will be sampled for opinion questionnaires and surveys:

1.5.1 SA Navy Training Instructors: The training staff (15 members) of the Officer Training College at Gordon's Bay will be personally interviewed by means of a structured questionnaire (see Appendix B). The sample population will be ordinally selected and be purposive in nature.

1.5.2 Trainees: Trainees attending the officer's course will be questioned by means of an opinion survey. The size of the group (45 officer candidates) is a captive audience and all trainees will be asked their opinion. By using the package Moonstats (Welman & Kruger, 2001), I intend to verify whether or not the trainees know or have an understanding of any of the following:

- ❑ How HIV is spread;
- ❑ Are they HIV-positive? (This question is voluntary and will clearly indicate that confidentiality will be maintained at all times);
- ❑ Does the current course present any situations where HIV can be spread? (they are to briefly explain the scenarios);
- ❑ When last they were tested for HIV?, and

- In their opinion, should HIV-positive members be prevented from attending the MTO1 course?

1.5.3 Medical Doctors: In an attempt to verify the medical validity of the scenarios given by the trainees (if any), a semi-structured interview with military medical doctors will be undertaken to gain their professional opinion whether or not a chance of HIV transmission is possible. The summary of the findings will be presented to the Head of the HIV Unit at 2 Military Hospital in Wynberg for further ratification.

This chapter will introduce the research hypothesis and the problem statement and outline which personnel will be contacted for interviews and questionnaires. Included in Chapter Two will be a comprehensive literature review. The authors selected are both locally and internationally sought after for their opinions on the issue of HIV and the impact it has on the military. The research will continually focus on the issue of whether or not it is fair to discriminate against HIV-positive members from attending the Naval Officer's course. It is also essential to clarify the medical side effects HIV has on an individual as this impacts directly on whether or not it would be possible to fairly discriminate against those members infected with HIV. It must be emphasised that this research is not a medical paper but focuses rather on HIV and its impact as a human resource issue.

Chapter Three will investigate the Naval Officer's course design as conducted in Gordon's Bay, South Africa. By analysing the current curriculum and activities conducted during the officer's training, an attempt will be made to establish whether or not there is a threat of HIV transmission during training. A photo gallery has been included to give insight into the types of injuries that can occur during training as well as the physical environment to which the learners are exposed.

Once the environment has been determined, Chapter Four will analyse the data received from the various role players identified earlier in the research. This data was captured via interviews and questionnaires. The literature review and theory of the military being a unique environment will be assessed against the findings of this chapter.

The challenges of this design are discussed in the following chapter and include the ethics behind the research as well as the challenges of confidentiality. The availability of credible literature on this turbulent topic is limited and not readily available in print format. This is but one of the challenges faced by the researcher. Chapter Five will explore the challenges of the research design.

Chapter Six deals with the various recommendations that can be explored and further investigated by the SA Navy and possibly the SANDF. Testing and the extent thereof is one aspect the organisation will have to formally document. Currently no learners in the SA Navy are held against post profiles. All recruits appointments are future-orientated and military personnel are only given a duty sheet once qualified for that specific job. Considering that there are nearly 800 training posts within the organisation (all mainly at induction level) the SA Navy should explore the impact post profiles may have in managing the problem.

The research concludes with a summary of the findings, followed by the appendices that display research techniques and recommendations.

1.6 CONCLUSION

South Africa has a higher adult infection rate than any other country in the world (UNAIDS, 2000:1). The disease is clearly infecting all sections of the South African society and it is a massive challenge that all South African citizens face. The SANDF is responsible for the protection of all South Africans from external threats. But the SANDF must be combat ready to be able to do that. Due to the

nature of the organization that will be emphasized in Chapter Two, the military environment is susceptible to the crippling effect of HIV. The organisation must learn to protect itself from HIV/AIDS internally so it can protect the rest of South Africa. Although the issue of HIV in the military is fairly new within the SANDF, the literature review will provide a vast amount of information pertaining to the military being a unique environment conducive to the spread of HIV. The HIV infection rate in the SANDF is not yet confirmed although it is evident that HIV is having an impact on the effectiveness of the organisation. These are issues that will be addressed in Chapter Two.

CHAPTER 2

THE MILITARY ENVIRONMENT

Education and training programmes within the SANDF are a cardinal means of building and maintaining a high level of professionalism. In this regard the Constitution provides that all members of the SANDF "shall be properly trained in order to comply with international standards of competency" [White Paper on National Defence for the Republic of South Africa. 1996 Section 226 (5) 1.]

At the heart of training is the preparation of officer's and other ranks to fulfil the SANDF's primary function of defence against external military aggression.

2.1 AIDS IN PERSPECTIVE

The legal implication of HIV/AIDS in the workplace is receiving publicity in both the media and in the labour courts. There is no cure for HIV/AIDS at this time. The following table summarises the extent of HIV/AIDS on a global and African scale:

	Adult & children (Read in Millions)	Adults (Age 15-49)	Estimated AIDS deaths (end 1999)
GLOBALLY	34,3	33	2,8
SUB-SAHARAN AFRICA	24,5	23,4	2,2
SOUTH AFRICA	4,2	4,1	0,25

Table 1: HIV Infection Rate (UNAIDS, 2000)

To summarise, by 2000, 34 million people around the world were HIV-positive. Of that total, 25 million lived in sub-Saharan Africa. This is one of the departure points for this study. It would be a misrepresentation to benchmark the USA or Europe in this study. Western Europe has a 0,23% adult infection rate and North America has a 0,58% adult infection rate. In contrast, there is an 8,57% adult infection rate in Sub-Saharan Africa, with South Africa having a 19,94% adult

infection rate (UNAIDS, 2000:2). The problem is literally over forty times worse in South Africa when compared to what is considered to be the developed world.

2.2 SOUTH AFRICA AND THE SPREAD OF HIV

The South African pandemic is exacerbated by many varying factors that originate and permeate all levels of our society, economy, and political history. One factor can be attributed to social and family disruption as a consequence of apartheid and migrant labour (Heineken (c), 2000:6). The Pass Laws separated families and resulted in a high concentration of African workers being accommodated together, especially in the mining industry. Similarly to the military environment, a high concentration of males leads to risky sexual behaviour. A good transport infrastructure in South Africa means that South Africans are mobile, allowing the virus to spread. This too is common in the military where troops are deployed thousands of kilometres away from their homes (<http://aids.org.za>. 2001:1).

South Africa also has a high poverty rate and low education levels, resulting in more risk-taking behaviour and commercial sex work. Sex workers are often forced into their careers, as there are no other employment alternatives (Groennings, 1997:3). The overburdened and transforming health care system is another factor that leads to the spread of the disease. Rural areas especially face a shortage of primary health care options. In combination with this, an overwhelmed and inadequate health system cannot cope with the rapid spread of the disease. South Africa displays a high level of sexually transmitted diseases (Aids Law Project, 2000:10).

The historically patriarchal society found in South Africa resulting in the low status of women in society and relationships makes it difficult for them to protect themselves in sexual relationships, in addition to shifting social norms, which permit high numbers of sexual partners. In the military context, this results in

women being the victims of rape by groups of soldiers, as has occurred in the Rwandan civil conflicts (Alliance Newsletter, 1996).

Culturally there is a resistance to change high-risk behaviours, often centred on notions of culture resistance to condom usage. There is also a significant amount of denial of homosexuality in the black community and a history of poor government interventions for the gay community (www.aidssa.org.za).

The Defence Act (1957), which stems from the Constitution, charges the SANDF to be a “combat-ready force”. The SA Navy exists to defend the maritime waters of South Africa. To ensure that this requirement is met, the training that is conducted on specific courses is physically and mentally demanding. These training opportunities are designed to simulate combat environments. The question is can a potential HIV-positive Officer candidate of the SA Navy participate on these courses? AIDS Action and other human rights groups argue that it is be legally unfair to discriminate against them. The intention of the Draft Code of Good Practice for employing people with HIV/AIDS (Government Gazette, 2000:3) is to eliminate unfair discrimination in the workplace based on HIV status. The research will also spend time clarifying the issue of discrimination, both fair and unfair.

2.3 THE MILITARY: A UNIQUE EMPLOYER

Yeager (1996) lays a good foundation when establishing the uniqueness of the military environment. The Civil-Military Alliance to combat HIV/AIDS Newsletter (1996:1) titled *The Military: An Occupation that puts soldiers at risk*, clearly focuses on the risks that uniform members face when joining the armed forces. He emphasises that it is not war that is the primary threat to members of armed forces but rather the risk of becoming infected with HIV/AIDS. As statistics from UNAIDS will show, two thirds of the world’s HIV/AIDS cases live in sub-Saharan Africa. In 2001 that figure was predicted to be at 40 million people. South Africa

has the unenviable honour of being the country with the highest adult HIV infection rate. With 1 500 people being infected on a daily basis in South Africa alone (Heinecken, (c), 2000:3), it is not surprising that this remains a highly contentious and current issue.

The issue of AIDS in the workplace is not a new one. Pyne (2000:1) looks at the impact of International Law and the rights of people living with HIV/AIDS. To elaborate on the Human Rights of the individual, research was conducted to determine the legal constraints. Government Gazettes (No. 6942 & 6782, 2000) dealt specifically the implications of AIDS notification for human rights in South Africa. Whiteside and Sunter (2000) address the issues of future predictions for South Africa, especially in the labour market. Issues such as pre-employment testing, equity and the Bill of Rights are topical issues.

Due to the legal nature of the research, reference will be made to many Acts and policies will be referred to. Military policy in both the medical and training fields will be scrutinized. The most predominant legal papers that will influence the framework of this study are as follows:

- ❑ The Constitution of South Africa, No. 108 of 1996 as the starting point for both the issue of fair/unfair discrimination;
- ❑ The Defence Act of 1957 that charges the SANDF with maintaining a combat ready-force;
- ❑ The Training Policy of the SA Navy (South African Navy General Publications Chapter 14);
- ❑ The SANDF HIV/AIDS Policy of 2000;
- ❑ The Skills Development Act No 97 of 1998 and the impact HIV/AIDS will have on career progression in the military;
- ❑ Employment Equity Act, No. 55 of 1998;
- ❑ Labour Relations Act, No. 66 of 1995;

- ❑ Occupational Health and Safety Act, No. 85 of 1993; and the importance for the employer providing a work environment specifically free from the threat of HIV;
- ❑ Mine Health and Safety Act, No. 29 of 1996;
- ❑ Compensation for Occupational Injuries and Diseases Act, No. 130 of 1993;
- ❑ Basic Conditions of Employment Act, No. 75 of 1997;
- ❑ Medical Schemes Act, No. 131 of 1998; and
- ❑ Promotion of Equality and Prevention of Unfair Discrimination Act, No. 4 of 2000.

2.4 THE MILITARY AS A HIGH RISK PROFESSION

According to Miller and Yeager (1996:10), soldiers, sailors and airmen are at a greater risk of being infected with HIV than members in civil society. The issue must be raised as to why the military is such a focus point regarding this epidemic. The military environment is conducive to promiscuous behaviour for the following reasons:

- ❑ It is an organisation dominated by young, sexually active males.
- ❑ They are susceptible to peer pressure.
- ❑ There is an increase in sexual activity in both pre- and post-deployment.
- ❑ In Africa especially, deployed military personnel are surrounded by the opportunity for casual sex.
- ❑ The organisation supports *esprit de corps*, promoting invincibility and risk-taking behaviour.
- ❑ The peacetime STI statistics are between two to five times higher than that of civil society.

A similarly risky dynamic, according to Fleshman (2001: 16) claimed that increased sexual behaviour occurs among soldiers:

Military culture tends to exaggerate male behaviour, by removing thousands of young men in their sexual prime from the behavioural constraints of family and community, inculcating a sense of risk-taking and invincibility, and promoting aggression and toughness as the male ideal -- attitudes that extend to sexual behaviour and often lead to contact with commercial sex workers.

The SANDF recruits military candidates between the ages of 18 – 25 years of age. The initial basic training that follows instils a sense of military kinship between young military members that forms part of a lifelong bond. This aspect too distinguishes the military from civil society. It is one of the main sources of these feelings of invincibility that permeate the military organisation (De Coninck, 1996).

According to the United Nations AIDS Department (UNAIDS), recent figures from Zimbabwe and Cameroon indicate that military HIV infection rates are between three and four times higher than that of civil society (UNAIDS, 1998). A recent report released by the UN in 2000 indicated that the adult infection rate in Zimbabwe was 25.06% (UN Report, 2000). If this is the case then one could estimate the Zimbabwe military as being 75%-100% infected (Heinecken, (a) 2001:5). The adult infection rate in South Africa was 19,94% in 2000. This is up 7,19% from the 1998 estimate. Despite the other alarming statistics of the armed forces, South Africa has the most people living with HIV/AIDS in the world within one country. There are approximately 1 500 infections daily. A policy guideline dated 15 March 2001 from the Surgeon General's office indicated that although some (African) ministries of defence reported averages of 20% to 40% HIV infection rate within the armed forces, the SANDF "HIV prevalence figures are not expected to reach such high levels" (DoD, vii: 2001). No reasons are given as to why the SANDF will have a lower count of HIV prevalence amongst its members when compared to other militaries.

The statistics for the sub-Saharan region make up over 80% of all the HIV cases throughout the world. This does not bode well for the future, especially for military organisations. Military organisations have a far higher susceptibility to the spread of HIV than any other career. The military is a profession that is fraught with risk. The rate of STD's in the military is between two to five times higher than that of civil society (Forman & Carballo, 2001:4). There are various reasons for this statistic:

2.4.1 OPPORTUNITIES FOR RISKY SEXUAL BEHAVIOUR

The military profession encourages risk-taking behaviour. The more sexual encounters, the greater the risk of meeting someone with HIV. The military culture, predominantly amongst the young male population, encourages sexually risky behaviour such as making use of sex workers. This is often done without the use of condoms (UNAIDS, 1998:2). Although most African countries have embarked on a HIV/AIDS awareness programme, the problem with getting sex workers to use a condom is made difficult by the basic principle of economics – supply and demand.

When dealing with AIDS, context is everything. The AIDS Law Project (ALP) conducted a survey in 1998. Commercial sex workers in Khutsong, a township near Carltonville on the West Rand, are aware of the dangers of HIV. Unfortunately, an increase of only R10 in the fee will ensure intercourse for the client without a condom. In Hillbrow, a sex worker was quoted as saying, "If a customer wants to have sex without a condom and is prepared to pay good money for it, she won't stop him" (ALP, 1998:7).

Military personnel on deployment are a highly mobile population. Troops deployed on peacekeeping missions are paid in US Dollars. When converted to the African currency of the country or port in which they have been deployed, their personal disposable income far exceeds the spending power to which they

are accustomed. The SANDF members deployed in Burundi in 2002 under the banner of the UN have no banking facilities. The UN cash allowances are paid over to the members in cash. With no saving facility, crime, alcoholism and prostitution are natural phenomenon's that will occur in the proximity of the military base (Reed, 2002).

Lindy Heinecken (2001) from the Centre of Military Studies (Stellenbosch University, Faculty of Military Science) debates against the logic of permitting HIV-positive members being deployed within South African borders yet they are prevented from being deployed outside the country borders. If able HIV-positive members are deployed operationally, there are risks that can become problematic (Heinecken, 2001: 111). Troops are frequently sent into geographical areas that are alien to the conditions they are accustomed to. For example, central African regions are ideal breeding grounds for infectious bacteria and viruses. The medical implication for HIV-positive members is that their immune systems are less resistant to the possible barrage of bacteria and viruses, often resulting in filled sick bays. As a reaction to this, the UN Council passed resolution 1308 in July 2000. It declared that HIV/AIDS was a "risk to stability and security". Through this resolution the UN has called for greater prevention and HIV training for UN Peacekeeping personnel (Fleshman, 2001:16).

The Navy in particular is a high-risk organisation. The global maritime industry employs close on 1,5 million workers. Military navies move in high-risk areas such as Africa, Asia and Latin America. The SA Navy in particular enjoys close ties with the Argentinean, Brazilian and Chilean Navies. Seaports in general are historically environments that pose high threats of STI's. The close proximity of brothels and sex workers to ports encourages sexual interaction between the two groups. The fact that most seafarers, including military personnel, are young, mobile and sexually active increases the chances of infection (Yeager & Miller, 1997:10). Military personnel on deployment indulge in risky behaviour. A study

conducted on Dutch sailors and marines on peacekeeping duties in Cambodia found that 45% had contact with sexual workers during a five-month tour (UNAIDS, 1998:2).

War itself creates an environment conducive to the spread of HIV and STD's. The mobilisation and deployment of young men across borders, the displacement of refugees, and intimidation through rape all create a climate of risky sexual behaviour (UNAIDS, 1998:3). During the ethnic conflict in Rwanda, Dr. Joseph Kaeemera, the minister of health in Rwanda, stated that when women were captured they were "deliberately taken to HIV-positive soldiers to be raped. Even though the fighting has stopped...two million Rwandans are in refugee camps where rape and forced marriages continue" (World AIDS, 1995).

2.4.2 SEPERATION FROM ACCUSTOMED COMMUNITY

One of the leading factors that make the military a high-risk population is the practise of displacing personnel from their homes. The removal from accustomed communities and environments creates an environment of emotional separation and sexual tension. Being separated from family ties and moral obligation, many soldiers and sailors alike seek companionship from other sources. The mobilisation and reintegration of affected soldiers and sailors will in turn threaten their communities when they return home (Forman & Carballo, 2001:1). Apart from the emotional stresses, this separation can encourage interaction with sex workers. Resulting in this, the sex industry flourishes around military establishments (UNAIDS, 1998:3).

2.4.3 MILITARY ETHOS

The military environment is one that promotes a feeling of invincibility amongst the military personnel. This is an age-old tradition still practised to encourage feelings of invincibility. Coupled to this is the phenomenon of peer-pressure on

young males. By having many sexual partners may enhance a young sailor's status or image with his fellow shipmates (UNAIDS, 1998:3).

These bachelor conditions and the security of a monthly salary often lead to alcohol abuse, another factor resulting in risky behaviour. These elements combined with a risk-taking ethos and sexual prestige adds fuel to the problem of increasing HIV infection in the military (Heinecken, (c), 2000:5).

2.5 HIV INFECTION IN SUB-SAHARAN MILITARIES

Larson (in Whiteside, 1990:10) stated that Africa will "suffer uniquely from HIV. It is indisputable...African social life encourage multiple sexual partners and frequent partner change...make Africans...vulnerable to a sexually transmitted disease." The military is evidently a high-risk population. The statistics provided by the Department of Defence (DOD) make for interesting reading: According to a Defence Intelligence Assessment dated May 2000, the following information regarding the Sub Saharan armed forces makes alarming reading:

Country	Military HIV+ infection rate.	Comments.
Angola	50%	
Botswana	33.3%	1999 estimates Botswana civil society at 35,8%.
Rep. of Congo	10%	Certain sources reveal that it is actually more in the region of 50%.
Kenya	20%	HIV testing is voluntary on recruitment, except for pilots.
Lesotho	40%	This statistic is taken from a 1996 intake.
Malawi	50%	Malawian Army is reported to be losing 20 soldiers a month in certain rank groups – a definite “hollow-out” effect is being experienced.
Namibia	15,9%	This percentage is lower than the projected 19,54% (1999) of their civil society.
Rwanda	60%	This rate is expected to be higher amongst the officer corps.
Swaziland	3%	Highly unlikely, as the 1999 estimate for civil society was at 25,5%.
Tanzania	Not official.	20 out of 30 deaths in the military per month are HIV/AIDS related.
Uganda	75%	Some flying units tested 100%.
Zambia	80%	Of the 205 deaths at the Maina Soko Military Hospital, 106 were HIV/AIDS related.
Zimbabwe	70%	From May to Aug (1995) over 500 deaths in the ZDF were HIV/AIDS related.

Table 2: The Estimated HIV/AIDS infection rate of sub Saharan Armed Forces.

Source: Defence Intelligence Assessment, 2000

The degree to which conflict contributes to the spread of HIV remains unclear. The limited data available makes research complex. A study of Nigerian troops returning from peacekeeping operations in West Africa, for example, conducted by the non-governmental Civil-Military Alliance to Combat HIV/AIDS (CMA), found infection rates more than double that of the country overall. Significantly, the study also found that a soldier's risk of infection doubled for each year spent on deployment in conflict regions -- suggesting a correlation between duty in the war zone and HIV infection (Fleshman, 2001:16). Transmission in the ranks is a key issue that forms the foundation for this study.

Further factors that escalate the HIV epidemic are the fact that all militaries recruit their personnel from the sexually active population. The recruitment policy of the SANDF recruits suitable South African citizens between the ages of 18 and 25. Physically strenuous training exercises (such as those experienced in the MTO1 course, soldier-to-soldier blood transfusions in the field and bloody conflicts) all increase the spread of HIV within the organisation. In the past decade, HIV/AIDS has emerged as a major threat in emergency settings. Humanitarian operations can place both relief workers and local populations at greater risk of infection. The increased likelihood of sexual violence and prostitution among refugee populations broadens and accelerates the spread of HIV (UNAIDS, 2001).

In conflict situations, children and young people are especially vulnerable to HIV/AIDS. Those unable to escape conflict zones face high risks of sexual abuse, forced military recruitment and prostitution. The uncertainty and insecurity experienced by children in refugee camps also encourage earlier sexual activity, typically in the absence of sexual health education and related services. It is therefore essential that young people (especially refugee children and former combatants) caught in the midst of wars and other emergencies be reintegrated into their communities and societies (UNAIDS, 2001).

The military is an increasingly important factor in the epidemic, although most armies and governments are reluctant to reveal HIV/AIDS statistics. Military personnel are at high risk of exposure to STI's, including HIV. In peacetime, STI rates among soldiers are estimated to be two-to-five times higher than that among the civilian population. In times of conflict, the discrepancy is even larger. In some countries with adult HIV prevalence rates of 20%, it is estimated that as many as 50% of military personnel (see table 2) could be HIV-positive (UNAIDS, 2001). In 1993, 6.2% of the Cameroon Defence Force were reported to be

infected with HIV. The comparative prevalence in the civilian population was at 2% (Forman & Carballo, 2001:4).

The SANDF recruits trainees between the ages of 18 and 25. As indicated, this is the age group most susceptible to HIV infection within the military. By affording these South Africans a two-year term of service in the military may have a negative impact on civil society. It is envisaged that most of these members will make up part of the reserve force once their initial contract has expired. Paradoxically, this could have a reverse effect in that training them in the SANDF may enhance their chances of becoming HIV-positive. Once their term is complete, these members will once again be circulated into civil society.

According to Smith (in Heineken (b), 1999:6) this form of national service may have been implemented to combat the crippling effect of HIV in the SANDF. By creating a larger reserve force the problems of manpower provision, force readiness and deployment both internally and externally of the South African borders can be combated. Theoretically, the SANDF could also be taking the form of a "HIV high risk filter". Referring to the nature of the military organisation as highlighted in Chapter Two, the opportunities for risky sexual behaviour are increased with the modus operandi of the military lifestyle. It is not feasible to think that HIV will be contained within the organisational boundaries of the SANDF. Concurrently, it would also be unrealistic to believe that the SANDF will be able to become an HIV-free organisation. Irrespective of the fact that the SANDF has the ability to effectively train "captive audiences" (Kingma, 1996:4) in HIV prevention, there are too many variables that will result in military members becoming infected with HIV. The question remains: how does the SANDF effectively manage this epidemic?

2.6 THE ROLE OF THE SANDF

The issue of managing HIV-positive military personnel is something with which the SANDF is still grappling. The Constitution of South Africa, 1996, does not support any act of unfair discrimination. The military is unique in the sense that the occupation itself calls for uniform members to lay down their lives in defence of the nation if necessary. The role of any Defence Force throughout the world is to ensure that the people of that country are guaranteed a live free from external threat. The Department of Defence (DOD) in South Africa has a vision that ensures *in accordance with the Constitution, effective defence for a democratic South Africa, enhancing national, regional and global security, through balanced, modern, affordable and technologically advanced defence capabilities*. The Mission, according to the White Paper on Defence, is *to provide, manage, prepare and employ defence capabilities commensurate with the needs of South Africa as regulated by the Constitution, national legislation, and parliamentary and executive direction* (DoD, 1996). It is also expected of the SANDF to assume many additional roles such as peacekeeping missions abroad, especially in Africa (DoD, 2000:2).

2.7 THE ROLE OF THE SA NAVY

The SA Navy is the maritime arm of the SANDF. The SA Navy is responsible for all maritime defence of South Africa. South Africa has a coastline that extends for 2 798 km. The Exclusive Economic Zone (EEZ) extends 200 nautical miles off the coastline. If Gough and Marion Islands are included in the equations, then South Africa is responsible for over 1 million square km of ocean. Globally South Africa is in an advantageous position. The bulk of world shipping routes pass the Cape and call on the six world-class harbours daily. In terms of the economic activity of these harbours, over 139 million tons of freight passed through South African ports in 1998. This was valued at over R96B (Simpson-Anderson, 1996:11).

The SA Navy has the following goals:

- ❑ To deter and discourage would-be aggression against the Republic of South Africa.
- ❑ To counter any aggression against the Republic of South Africa.
- ❑ To project military power and capabilities to would-be aggressors.

(SA Navy, 1997:20)

The concept of "maritime security" covers a vast area of security-related issues involving the maritime domain. At its core lies the safety and protection of a state's maritime interests, from its merchant shipping and commercial interests through to its natural maritime resources. The safety and protection of these assets are vital for the well-being and prosperity of the state, as it pursues its legitimate interests in its territorial waters and on the high seas (Simpson-Anderson, 1996:1).

South Africa is globally considered to be the "gateway to Africa". With its solid infrastructure regarding roads (138 475km of paved road) and rail (21 431km of narrow gauge track) the South African economy has the potential to be a powerful economic force on the African continent. To further emphasise the importance of South Africa as a maritime nation is the existence of six world-class harbours, namely, Richards Bay, Durban, East London, Port Elizabeth, Cape Town and Saldanha Bay. Further facts reinforce this view. Richards Bay is the world's largest coal export terminal with a capacity of 60 million tons per year. Saldanha Bay is the world's largest iron-ore exporting harbour and Durban is the busiest harbour on the African continent. Between 60 to 80 tankers round the Cape of Good Hope each month. Those tankers carry 30% of the world's oil exports headed for Europe and the Americas (Simpson-Anderson, 1996:4).

In light of the above-mentioned facts, South Africa places a high regard on the economic importance of the maritime environment. None of this would be possible if the South African waters were not properly monitored and protected. To uphold the constitutional requirements of the SANDF, the training offered by the SANDF, specifically the SA Navy in this regard, must be as realistic as possible to ensure the effectiveness of the SA Navy.

The role of the SA Navy is to protect the sovereignty of, and discourage would-be aggression against the RSA. As the seaward military arm of the SANDF, the Navy must be capable of the following tasks:

- ❑ Neutralising enemy forces;
- ❑ Attacking enemy sea lines of communication;
- ❑ Attacking enemy territory and interests;
- ❑ Defending the RSA's sea lines of communication; and
- ❑ Defending the territory and the interests of the Rep. of South Africa.

The current practise of managing HIV amongst sea going personnel is to reclassify them and remove them from ships. Should the numbers escalate, then the SA Navy may be without sufficient manpower to send warships to sea. In the case of hostilities erupting between states and spilling over into the maritime domain of Southern Africa, inadequate maritime security will mean that South Africa's Sea Lines of Communication (SLOCs) will at best be threatened, and at worst closed off. In a region where South Africa's GDP represents 76% of the total GDP of the 12 SADC countries on mainland Africa, the economic turbulence for the region if South Africa's economic future was affected, would be disconcerting (Simpson-Anderson, 1996:3).

By attempting to briefly justify the existence of the SA Navy, further emphasis must be placed on the role of naval military training. Without effective training, the SA Navy would not be able to execute these primary tasks. The decision-makers and primary role players in this research topic are the candidate officer's, or midshipman, who undergo training to become the future leaders of the organisation. The officer's course, or Military Training for Officer's Part One (MTO1), is designed to ensure that the junior officer's that enter the Fleet are competent and able to make decisions that will ultimately result in the saving of lives. The impact that HIV has on the military and specifically in the training of these midshipmen will be investigated.

2.8 HIV IMPACT ON ORGANISATIONAL DESIGN AND FORCE READINESS

The constitutional requirement of the SANDF "to defend and protect the Republic, its territorial integrity and its people..." (Act 108, Sec 200(2)) translates into the fact that the SANDF needs to be an operationally-ready force. Operational readiness is a measure of the "weapon system (including individuals) to conduct and sustain a specified series of missions in wartime as well as peacetime employment rates" (DoD, 2000:1).

War demands that the commander be accountable for his/her decisions. The bureaucratic nature of the military organisation permits that commands originate from one source. The DoD's definition of Military Command can be described as a "purely military function exercised by an individual appointed by a military warrant which empowers him/her the Military Disciplinary Code (MDC) in the executing of his/her authority" (Joint Training Curriculum, 2000:5). The departure point intended to highlight this study is the element that an individual practices command. Should the individual not be able to perform these duties properly, then the safety of uniform members and ultimately combat readiness is compromised. The SANDF appoints a single individual into a post that is highly

defined through an official post delegation of duties. It is a compromise of the chain of command should an individual perform any tasks outside of those parameters.

The military does not recruit from the civilian labour market other than on entry level. Only after years of service (seniority) and courses completed can an individual progress up the rank system. For example, it takes approximately five to seven years for a naval recruit to progress to the rank of full lieutenant (captain in the other arms of service). This would put them into the 23-26-age bracket. Lieutenant commanders are between 27 – 30 years of age and have at least eight to eleven years of experience. This is the rank and age group that is most likely to be deployed in the event of war. Therefore this middle management group is the one most likely to be affected by the impact of HIV/AIDS. Apart from the cost of training and development of these members, the dilemma is that these skilled commanders are the most affected by HIV/AIDS. The reason for this is that they will be the most mobile and actively deployed group, resulting in the opportunity for risky sexual behaviour. Should HIV infect this group, it may well result in a “hollow-out” effect of middle management. Officer’s at this level (between 20-30 years of age) perform skilled technical work, conduct important supervisory roles and are at an important middle management level. A vacuum in these rank groups due to HIV/AIDS will result in a lack of leadership, a decline in morale and the premature promotion of younger officer’s to fill these important posts (Heinecken, (e) 2002:10).

The health assessment conducted by the South African Military Health Services (SAMHS) concurs that the high-risk age group for HIV infection is that of the 25 – 33 year group. This is the age group where the majority of the operational members originate. Should the hollow-out effect become a reality in the SANDF, the following problems will be evident (Heinecken (d), 2001):

- A loss of continuity at command level.

- ❑ Premature promotion of younger groups to fill the vacancies. This presents its own problems in that the younger officers have less experience and may make rash decisions or not have the managerial experience to deal with certain situations.
- ❑ Ultimately a decline in operational readiness.

It appears that the first signs of HIV are beginning to have strategic HR implications on the SANDF. In a recent paper distributed by the SAMHS entitled *Impact of the current health status of SANDF members on the operational capability, availability of fit soldiers and the influence on battle systems* (2000), one of the highlighted considerations was that of the deteriorating health status of the SANDF members on sustaining the current force capabilities. It also emphasised that there is no guarantee that the Reserve Force component can sustain the force design either. This is due to old age and deteriorating health of these members (DoD, 2000:3).

2.9 CURRENT CAPABILITIES: SANDF 2002

Media reports indicate a severe decline in the capabilities of the SANDF over the last four years. The fact that the SANDF does not release any official HIV/AIDS statistic only adds fuel to the many unconfirmed reports. A conference was hosted at the Military Academy in Saldanha Bay in July 2002 where many statements were made. The parliamentary Portfolio Committee on Defence was given an assessment at a two-day briefing at the conference. According to the reports, more than half of South Africa's 76 000 troops are medically unfit and the SANDF is in a "serious crisis". Several independent reports indicate that up to 60 percent of soldiers could be HIV-positive (Le May (c), 2002:4). Mosioua Lekota, the Minister of Defence, was tasked by the Portfolio Committee on Defence to take "immediate remedial action to stop further deterioration". The committee heard that:

- ❑ Of its 76 000 troops, the SANDF could deploy only one operational brigade of 3 000.
- ❑ It was "impossible" to deploy 19 regular army companies and 23 reserve platoons because of a lack of funds.
- ❑ Training had virtually come to a halt.
- ❑ Almost all courses had stopped, leading to boredom and demoralisation.
- ❑ Army reservists had not been deployed on training exercises for nearly four years, and morale was "at rock bottom".
- ❑ Equipment was in a deplorable state, with only four out of 168 Olifant tanks and eight of 242 Rooikat armoured cars operational.
- ❑ Lack of funds had caused a shortage of fuel. In the Air Force, funds were allocated for only 2 400 flying hours instead of the 7 200 requested, and pilots were resigning "in droves". A member of the Portfolio Committee said: "The Air Force usually runs out of aviation fuel every September".
- ❑ Reduction of the armed forces from 104 000 in 1994 to the present 76 000 had involved massive cash payouts. This had turned the defence force into "an armed welfare department", said Hendrik Schmidt, a Democratic Alliance Portfolio Committee member.
- ❑ The defence force was seriously top-heavy, with a ratio of one general for every 293 men, compared with a general for every 2 000 men in the United States Army.
- ❑ More than 52% of the defence force budget was spent on personnel costs and only 0,5% on new equipment. Moreover, HIV/AIDS appears to be a major problem in the defence force. The army has estimated that the incidence of HIV/AIDS is 17 to 23%, but commentators say there is no

reliable figure because soldiers are tested only when operationally deployed (Le May (b) in Cape Argus, 2002:4).

The largest threat currently facing the SANDF is the ability to maintain the force design. Skilled labour is becoming increasingly difficult to replace (DoD, 2000:1). The reserve force is unable to meet the demands of filling in the gaps. The situation of comprehensive non-compliance of military SANDF personnel will continue to be a problem until effective human resource policies are generated and until a specific awareness and healthy lifestyle program is incorporated in training programs at all levels (DoD, 2000:1).

2.10 SANDF HIV STATUS: THE ELUSIVE PERCENTAGE

HIV statistics in the SANDF have not been easy to clarify. The nature of confidentiality surrounding test results has resulted in mixed statistics. A military health assessment conducted in 1999 after a training exercise (Exercise Blue Crane) provides some useful statistics. In a sample group of 10 726 SANDF members, approximately 13,7% were HIV-positive (DoD Instruction, 2000:2). 34% of the population had some disease that necessitated a change in the medical category of the member. Of all the diseases within the population, HIV was the leading disease – 38% of all disease were HIV-related. There was a distinct pattern of HIV prevalence and the age groups tested. The prevalence of HIV between the ages of 21 and 28 is at about 18,40%. This figure declines to 7,09% at the ages of 36 but peaks again slightly at the 40 age bracket (SAMHS, 2000:A-8).

The majority of the HIV-positive uniform members between the ages of 25 and 33 were from the permanent force. The human resource issues that stem from this are important. The Health Assessment termed HIV as “the most critical disease...and has important human resource implications”(SAMHS, 2000:A-7). Medical benefits for a permanent force member are all inclusive for the entire

family of the members. The media estimates that the infection rate within the SANDF is between 40% and up to as high as 90% in certain military units in Kwazulu Natal (Kirk in Heinecken (c), 2000:6).

The Minister of Defence, Mr Lekota, made a public statement that a “voluntary national service system would be implemented” (SABC 3 News Broadcast, 2002). This is to address two national issues: firstly, that the SANDF HIV infection rate is at a stage that it is near impossible to deploy troops across international borders, and secondly, it is a response for the SANDF to fulfil the requirements of the Skills Development Act (1998). The latter obligation intends to equip South Africans with a basic skill and formal training that can be used outside of the military organisation. The proposed Military Skills Development (MSD) service system will guarantee the deployment capabilities of the SANDF. Despite the offer for employment and training, the high-risk environment of the military may result in the spread of HIV in civil society.

Heinecken states that the HIV infection rate in the SANDF is likely to be closer to 40% (Heinecken (b), 1999:5). In an article in the Sunday Independent titled “*Bad Teeth*” *smokescreen for Army AIDS*, it was reported that only 138 out of 612 soldiers in 1 SA Infantry Battalion were classified as fit for international deployment. The Officer Commanding said that 77,5% of the soldiers were medically unfit due to “dental problems” (Le May (a), 2002:1). In a paper released after the first Concurrent Health Assessment (CHA) in 2000, the HIV infection rate of the uniformed members tested was 13,7% (DoD, 2000:2).

The Portfolio Committee on Defence was told at a conference in Saldanha Bay that seven out of every 10 deaths in the armed forces were Aids-related. A medical specialist at one of the country’s military hospitals said six out of every 10 soldiers tested HIV-positive after being admitted to hospital. The doctor, who declined to be named, said that he found the allegation that 60% of soldiers were HIV-positive was “feasible”. A military doctor was approached by the Cape Argus

and was asked what happened to soldiers who were admitted to hospitals and had AIDS; "They die in hospital, or are sent home. I don't know what happens to them then. They obviously can't be sent back (to the SANDF)" (Le May(a), 2002:1).

Philip van Schalkwyk, the Democratic Alliance (DA) spokesperson on intelligence and military veterans and a former army brigadier-general, said, "The army is not giving us the real situation." He said from his experience he would not be surprised if the incidence of HIV-positive soldiers was as high as 60%. The department did not say why so many soldiers were medically unfit and army officials declined to elaborate. The only explanation offered to the portfolio committee was that many of the riflemen and infantrymen were between 32 and 36, which was, by army standards, regarded as too old for deployment on active service. Roy Jankielsohn, the DA spokesperson on defence and a member of the Portfolio Committee, said the usual age of a foot soldier was between 18 to 22 but the army had stopped recruiting in 1994 when the liberation armies were integrated with the former defence force (Le May (c), 2002:4). The process of integration resulted in all lower-ranking posts being staffed by older soldiers, thereby increasing the average age of a foot soldier by nearly eight years.

Recent criticism was leveled at the SANDF and questions were asked in Parliament regarding the current force readiness of the organisation (Die Burger, 2002:1). Defence Minister Mosiuoa Lekota replied that the SANDF is "perfectly placed to fulfill it's obligations to the country" (Le May (b), 4:2002) and that the reports saying the SANDF HIV infection rate was 60% were "dangerous and ridiculous" (Le May (a), 2002:1). To further fuel this issue, articles such as *SANDF may set up AIDS hospices for soldiers* (Le May (b), 4:2002) do nothing to silence the ever-increasing problem of HIV in the SANDF. Defence Minister Lekota was again denying allegations that the SANDF HIV infection rate amongst uniform members was 60%. He retorted by saying that the figure is closer to 23%.

The DOD has implemented in- and post-service measures to ensure care and support of those infected and affected by HIV. This falls within the mandate of the SA Military Health Services and is based on a multi-disciplinary and multi-professional approach throughout the complete continuum of care. The basic components of care that approved clientele of the military health services receive are counselling, psychosocial services and spiritual support, syndromic management of sexually transmitted infections and general health care. Appropriate immunisations, nutritional support, and post-exposure prophylaxis palliative care (SAMHS Instruction, 2001).

2.11 SCREENING FOR HIV DURING RECRUITMENT: TO TEST OR NOT TO TEST?

The first reaction of many organisations – not just the military – is to test in order to keep people who are HIV-positive from being recruited. But the fact is that most infections occur after people have been recruited. So testing isn't the answer to everything. In fact, it's doubtful that involuntary testing is the answer to anything.

Peter Piot, Executive Director, UNAIDS

According to Section 54(1) of the Employment Equity Act, No 55 of 1998, no person may be unfairly discriminated against on the basis on the basis of their HIV status. It further states that no employee, or applicant for employment, may be required by his or her employer to determine his or her HIV status. HIV testing is only permissible if declared fair by the Labour Court. It is expected that further legal precedents will be set in future.

The USA first embarked upon mandatory testing in the military in 1985. In a 1995 survey conducted by the Civil-Military Alliance to Combat HIV/AIDS and UNAIDS, 93% of reporting militaries carried out HIV testing (58 of 62 countries

responded to the question) (UNAIDS, 1998:7). The question also remains – who gets tested, when do they get tested, what test is used and who may know the results of the test? The issue of testing for HIV is a controversial one. There are two distinct schools of thought on the issue: those who agree with testing to ensure operational readiness, and those who feel it is an infringement on human rights. Advocates for testing maintain that testing generates statistical data that is imperative for the strategic thinkers and planners of the military. This data can be used to determine operational force readiness, the appropriate utilisation of infected members, and the priority of establishing preventative measures. The World Health Organisation (WHO) is opposed to mandatory testing due to the violation on human rights and invasion of privacy. For human rights purposes, testing should only be conducted with the consent of the person with suitable pre-testing counselling, followed by post-test counselling (Yeager, 2000:2).

In the survey conducted by UNAIDS, 43 out of 62 countries reported that they conduct mandatory testing in the military. The actual time of conducting the test varied though: 25 countries conducted pre-recruitment testing; 24 countries tested before foreign deployment; 12 countries before separation from active duty; nine countries tested periodically; and eight countries tested before a new assignment. 45 of 54 respondents rejected HIV-positive candidates at the pre-employment stage. 44 out of 56 countries imposed restriction of duties for those who tested positive for HIV whilst in service (UNAIDS, 1998:8). The SANDF does conduct pre-employment HIV testing. This practise is criticised by human rights fronts such as the AIDS Law Project. The reasons for the criticism is that testing for HIV is a violation on individual rights that cannot be justified by military-specific demands. Also, it is not considered cost effective to test. Many individuals may be HIV-positive, but display no negative signs or symptoms of AIDS. The infection is still asymptomatic.

Testing for HIV status for pre-employment purposes is certainly one of the most contentious issues around HIV. Those who are opposed to mandatory testing

argue that it is expensive, inconclusive, and a direct violation of human rights to privacy and freedom from discrimination. Proponents for testing would argue that in order to ensure operational readiness, troops must be closely monitored in terms of HIV status. The statistical data enables strategic planners to predict future human resource issues, force deployment, and to determine the extent of preventative measures that need to be taken (www.usaid.gov/regions/afr/hhraa/aids_briefs/military.htm, 2000:2)

Testing without consent is a direct violation of human rights (UNAIDS, 1999:8). The SANDF currently employs pre-recruitment testing. Applicants who do not give their consent to the testing are not afforded an employment opportunity due to an incomplete medical profile. Members who refuse HIV testing are allocated a medical category of that does not permit them to be deployed operationally outside the borders of South Africa. The implication is that this indicates an incomplete health assessment resulting in the recruit being unfit to render active service (DoD,2000: A-2). The practise of not employing HIV-positive applicants falls into the same category as not permitting applicants with acute asthma, heart conditions, physical disabilities and many other limiting medical restrictions. The Namibian Defence Force was recently taken to the Namibian Labour Court when a potential recruit won his case for unfair discrimination. Although the Namibian Defence Force may not discriminate against people with HIV/AIDS, the Defence Amendment Bill read as follows: "...no person shall be appointed in the defence force unless...undergoing the medical tests...and established that (the recruit) has no mental or physical disease...likely to deteriorate to the extent that will impair the ability to undergo training..."(www.cidi.org. 2002:3)

The AIDS Law Project at the Centre for Applied Legal Studies (CALS) at the University of the Witwatersrand argues that the SANDF's testing policy is unfair. The basis of the argument is that members with HIV are not necessarily less able than their HIV negative counterparts. HIV-positive members can remain unaffected and without physical and mental illness for up to a decade. The

military is also not only for frontline soldiers. HIV-positive members would be able to work in the support sections of the military. A further argument is that new recruits are trained for up to two years before being deployed operationally. People in military service are considered to be a “walking blood bank” (Kaplan & Satten, 2000: 339). If the aim of pre-employment testing were to protect the blood supply, then surely the recruit would be able to contract HIV in the first year of military training. When combatants are deployed operationally, each depends on the other for blood in case of serious combat injury. HIV testing can also deter civilians with valuable qualifications from joining the organisation due to the fact that they may suspect themselves of having HIV. This “self-selection” can result in a shortage of qualified people in a shrinking labour market (Heinecken(c), 2000:9).

The US Army tests active duty soldiers for HIV on average every 1,4 years. That is a high ratio when one considers that the infection rate of the US armed forces is approximately 80% lower when compared to sub-Saharan militaries (Bohnker, 2001:6). Militaries are steadily reconsidering the impacts of universal testing. Mounting costs of testing, organisational dislocation, and the limitations placed upon HIV-positive members who, although physically able, cannot be utilised for operational duties, has supported this. Sub-Saharan militaries are under pressure to limit testing since HIV-positive members are not entitled to partake in foreign training, peacekeeping missions, provision for the HIV infected, staffing, and general stability (Yeager, 2000:2). This attitude may be considered as a negative stance since it appears that a blind-eye is being turned to the problem. Rather, policy changes will have to be implemented regarding the confidentiality of HIV in uniform members.

A survey conducted by the European Union (EU) in 1999 found five major faults with mandatory testing in general:

- ❑ People who believe they are infected might go “underground” to avoid being tested. This in turn results in them not being exposed to proper education and medical treatment when required.
- ❑ Testing without informed consent and breach of confidentiality may destroy the credibility of health workers.
- ❑ The window period can result in less than 100% accuracy.
- ❑ Mandatory testing will give people a false sense of security.
- ❑ The cost of testing could drain resources that could be used in prevention programmes (Pyne,2000:12).

The survey went on and identified a group of 11 workers that are often subjected to mandatory testing. Soldiers were one of them. The finding of the survey found that the proportion of countries conducting obligatory testing is higher in practise than is allowed by legal process. 39% of the countries (80 in total) imposed obligatory testing on all military recruits, but only 14% of the countries had legislation that mandated this (Pyne, 2000:12). One of the driving forces behind this research is to attempt to give a possible guideline for future management of HIV applicants for officer training within the SA Navy.

2.12 CONFIDENTIALITY

Who should be permitted access to the medical classification of a candidate officer? Should just the medical officer know? Or is there an obligation to inform the officer commanding as well of a members HIV status? Should the sexual partner of the member be advised? The South African process as outlined in the Promotion of Access to Information Act (1998) is indicated as follows:

Health of Requester

30. (2) The information officer of a governmental body may refuse a request for access to a record of the body about the requester's physical

or mental health, or well being, which was provided by a health practitioner in his/her capacity as such if-

- (a) The disclosure of the record to that requester would be likely to cause serious harm to his/her mental well-being....

One of the largest challenges in this research and in developing effective policies is the issue of confidentiality. It becomes common knowledge amongst personnel who is unable to serve at sea due to medical restrictions such as colour-blindness, ear problems, asthma, or even acute seasickness. Because of the social stigma attached (Van den Berg, 2002), HIV is a disease cloaked in secrecy. The rights of the individual are so protected that the rights of others are compromised in the process. By not disclosing HIV status, a colleague may become infected inadvertently. A point to be discussed later in the paper revolves directly around the issue of confidentiality and the ethics surrounding the identifying and managing of HIV-positive military personnel.

2.13 MEDICAL SIDE-EFFECTS OF AIDS

HIV causes AIDS (Whiteside, 1990:3). For HIV to become the condition known as AIDS can take between 8 to 12 years. Once an individual is infected with HIV it initiates the process that results in a slow and steady decline and destruction in the cells known as CD4 T-lymphocytes. After infection there is a seroconversion period. In this time frame the person is infected and infective but does not have sufficient antibodies for laboratory tests to detect the virus (Whiteside, 1990:2). According to medical research, these cells are primarily responsible for the human immune system. As these cells become weaker and less effective, the body is unable to fight off infections and certain cancers. Once the CD4 T-lymphocyte cells have been drastically depleted, the immune system becomes so weak that the body succumbs to these infections and cancers. The collective term for these is commonly known as “opportunistic diseases”. Once the body is

unable to fight off the effects of the infection, the person is said to have AIDS (Levy, 2000: 2).

If a person is tested HIV-positive, it does not mean that they have AIDS. It may take several years. It may also take up to two months after the initial HIV infection for the HIV to be detected in the person. This is known as the “window period”. Therefore, even at initial screening stages for recruitment, the possibility exists that the person’s HIV tests indicate HIV-negative when they may indeed be a carrier of the HIV virus. There are a further two tests that are necessary to determine whether or not a person is HIV-positive. One test needs to be conducted to determine the CD4 count. The CD4 count per cubic millimetre of blood can determine how damaged the immune system is. CD4 counts of below 200cmm are associated with the more rapid development of AIDS-related diseases. As a prognosis, if someone is said to have a CD4 count of below 200, they are deemed to have AIDS.

The second test is known as the Viral Load Test. This test measures the amount of virus multiplying in the blood at any given time. The higher the viral load, the shorter the time expected for the “disease” to set in. This varies between individuals – some individuals have a higher viral load than others do. Those who have a slower viral load growth will enjoy healthier lifestyles than those who experience a fast viral growth will (Labuschagne, 2002).

The signs of AIDS ranges and comes in many forms. These have been some symptoms of patients with AIDS:

- ❑ Feeling tired and unwell for long periods of time.
- ❑ A high temperature for weeks and even months.
- ❑ Loss of appetite.
- ❑ Long-lasting diarrhoea.
- ❑ Night sweats.
- ❑ Coughing and other symptoms of pneumonia.

- Long-lasting fungus infections.

(AIDS Information for Seafarers, 1996:9)

Sexual intercourse is the principle mode of transmission, accounting for an estimated 75% of infections globally, of which 75% involve heterosexual intercourse and 25% sexual relations between men. In Third World countries, sexual transmission accounts for even higher proportions of infections. In Africa, Asia, and the Caribbean, infections are overwhelmingly heterosexual, with an estimated less than 1% through homosexual sex. The story is different in Latin America and Eastern Europe, where homosexual sex still accounts for the majority of infections through sex. However, this pattern appears to be changing as more women are becoming infected, suggesting that HIV is spreading to the general population through heterosexual intercourse. The spread of the epidemic in societies where heterosexual intercourse is the main mode of transmission is largely dependent upon two main factors – the presence of other untreated STI's, and risky sexual behaviour. Therefore, any attempts to reduce the spread of HIV must address these two factors (www.aidssa.org.za).

2.14 CONCLUSION

The military environment is unique in that it is a high-risk organisation in terms of the potential for HIV infection. The separation of military personnel from their communities, monthly salaries, male-dominated environments and a risk-taking ethos are all elements that promote risky sexual behaviour in the military. Many members of the SANDF are affected by HIV and as yet, the SANDF has no concrete training policy for members with HIV. The medical confidentiality pertaining to HIV-positive members does not permit the SANDF to have an accurate measure as to the extent of the disease within the organisation. Researchers predict it is between 20-40%, although no formal percentage has been disclosed by the SANDF.

The SANDF is currently not able to deploy at 100% due to a shortage of skilled human resources and obsolete equipment. The HIV/AIDS epidemic will undoubtedly further add to this ineffectiveness, ultimately not being able to respond to the primary role of the SANDF i.e. the protection of South Africa against would-be aggressors. HIV knows no social, gender, age or racial boundaries, but it is accepted that socio-economic circumstances do influence disease patterns. HIV/AIDS thrives in an environment of poverty, rapid urbanisation, violence and destabilisation. The military environment is also an environment that can promote the spread of HIV. Transmission is exacerbated by disparities in resources and patterns of migration from rural to urban areas. The mobile military lifestyle is also akin to this type of migration.

It is evident that the military environment enhances the chance of HIV infection through risky sexual behaviour. The training and operational environments creates situations that are favourable for the transmission of HIV, despite the call for the workplace to be as safe as possible. The military finds itself in a dilemma – does the organisation violate one human's rights to protect another's? The physical side effects of AIDS will clearly impact on the fighting capability of the SANDF. The loss of operational sailors and soldiers in the future does not bode well for an organisation that requires mentally and physically fit men and women to perform core business.

The following chapter will focus specifically on the training that is undertaken at the South African Naval College in Gordon's Bay. This institution is solely responsible for the training of midshipmen to become junior officer's within the SA Navy. Throughout the world, military training environments are physically and mentally demanding to prepare the young officer in the advent of war. The SA Naval College is no different.

CHAPTER THREE

NAVAL OFFICER COURSE DESIGN

Naval Officer's are truly unique, for they must have the capacity to simultaneously love their country, their service, their family, their shipmates, and the sea. And the demands, which each place on them never diminish, they only grow. Beyond all words and phrases of a naval officer's dedicated service, honour and professionalism must remain their past, present and future. That sir, is why it is the "Honourable Profession"

Adapted from the words of Admiral John Buckeley, USN

3.1 INTRODUCTION

The MTO1 course exists to ensure that the naval leaders of the future are competent in taking command of the maritime arm of the SANDF in both peace and war. Ultimately, the military prepares for war. All relevant courses are designed to ensure that conditions are as closely simulated to the war environment as possible. Although naval officer's consist of a variety of professions (e.g. Legal, Engineering, Combat, Human Resources, Logistics, etc.), the basic formative officer's course is designed to equip an officer with basic military skills and knowledge.

Candidates who are selected for a Military Training for Officer's Part One course (MTO1) are recruited both internally and externally. The Chief of Personnel manages the recruitment and selection of candidates when applying from external sources. This is a centralised function for the entire SANDF. The candidates are selected from throughout South Africa. Included in the selection phase are stringent medical phases and a battery of psychometric tests. All candidate officer's must be between the ages of 18 and 25 (graduates may be up to the age of 30, depending on their qualifications). Many candidates have never

before been exposed to the military environment. When the learners arrive at the gates of SA Naval College, all are treated equally and the nine-month course commences.

3.2 CAREER PATHS

There is no longer a permanent force system within the SANDF. All new recruits are employed on a contract system. From 2003 the SANDF will be instituting the Military Skills Development process (MSD). The MSD system appoints recruits for a two-year period. In that time period all recruits complete an eight-month basic training course and a functional course. The officer candidates are removed after an assessment centre after four months of training and are re-appointed to SA Naval College, Gordon's Bay to commence with their MTO1 course. The functional course qualifies the member in a specific branch. After the two-year period, only a select few are afforded the opportunity to sign a Core Service System (CSS) contract. Those members who leave the SA Navy after the MSD period form part of the reserve force (DoD, 2002).

Naval officer's must all complete the nine-month MTO1 course and thereafter become qualified in their specific branches. There are various types of naval officer's, namely:

3.2.1 Engineering Officer's: Engineering officer's further their studies at a recognised tertiary institute after successful completion of the MTO1 course, namely Stellenbosch University or the University of Cape Town. These studies take a minimum of four years.

3.2.2 Combat Officer's: After successful completion of the MTO1 course, Combat Officer's have the option to further their studies at the Military Academy. The Military Academy is Stellenbosch University's Faculty of Military Science situated in Saldanha Bay. These are three-year studies. On completion of this

course, the Combat officer must then do a six-month Combat Officer Qualifying Course (COQ1) which will provide them with the theoretical knowledge to begin practical exposure to bridgewatch duties. After 200 hours of bridgewatch exposure and with the approval of the officer commanding of the ship, the junior officer qualifies to appear before a board that will test the competencies of the potential combat officer. Once a candidate has passed this board it is said that the officer is bridgewatch qualified (BWK) and has the authority to navigate a warship. It can take up to four years to complete this process.

3.2.3 Combat Support Officer's: There are a variety of officer's that serve in combat support posts. These include logistics officer's, personnel officer's, intelligence officer's, sports officer's, military police officer's and public relations officer's. All of these officer's must be functionally qualified, the majority of whom have a tertiary qualification.

3.3 THE PURPOSE OF TRAINING

The Colleges of the SA Army, SA Air Force, SA Naval and SA Medical Health Services are responsible for the development of individuals who wish to become officer's within the SA National Defence Force. The training offered by these institutions is outcomes-based in accordance with the White Paper on Public Service Education, Training and Development and sets out to provide the minimum competencies that can be expected from a junior officer in the SANDF. The training offered is thus aimed at providing learners with the desired common knowledge, skills and attitudes required of all officer's in the SANDF and to prepare them militarily, for functional, military and tertiary training. The output must therefore comply with the following requirements (Joint Training Curriculum, 2000:4):

- ❑ In order to be commissioned, learners must be developed within the SA National Defence Force as officer's.

- ❑ Learners must be prepared militarily to commence training at their next Military or Functional Course.
- ❑ Learners must be prepared academically to commence training at a Tertiary level.
- ❑ Learners must be prepared to operate the various common systems required at the level of a junior officer successfully.

It is not enough that an officer candidate passes the course only academically. Whilst intelligence, diligence and self-discipline are important characteristics for service as an officer, they are by no means the complete requirement. The training cycle that is used during the MTO1 course is based on the Hershey and Blanchard (Joint Training Curriculum, 2000:5) tri-dimensional leader effectiveness model. The course is divided into the following four phases:

Serial	Phase	Learner Maturity	Instruction Style
1	Induction	Low	Telling: High Task & Low Relationship
2	Motivational	Medium Low	Selling: High Task & High Relationship
3	Participating	Medium High	Participating: High Relationship & Low Task
4	Delegating	High	Delegating: Low Task & Low Relationship

Table 3: The Development Model for the MTO1 course.

The aim of the phased system is to ensure that learners:

- ❑ First of all know what is expected of them (**Telling**); and
- ❑ Then know the reasons for the expected behaviour (**Selling**); and
- ❑ Then making the behaviour their own (**Participating**); and
- ❑ Finally displaying the required behaviour as their own (**Delegating**).

The four-phase system is based on the Hershey-Blanchard model depicted below:

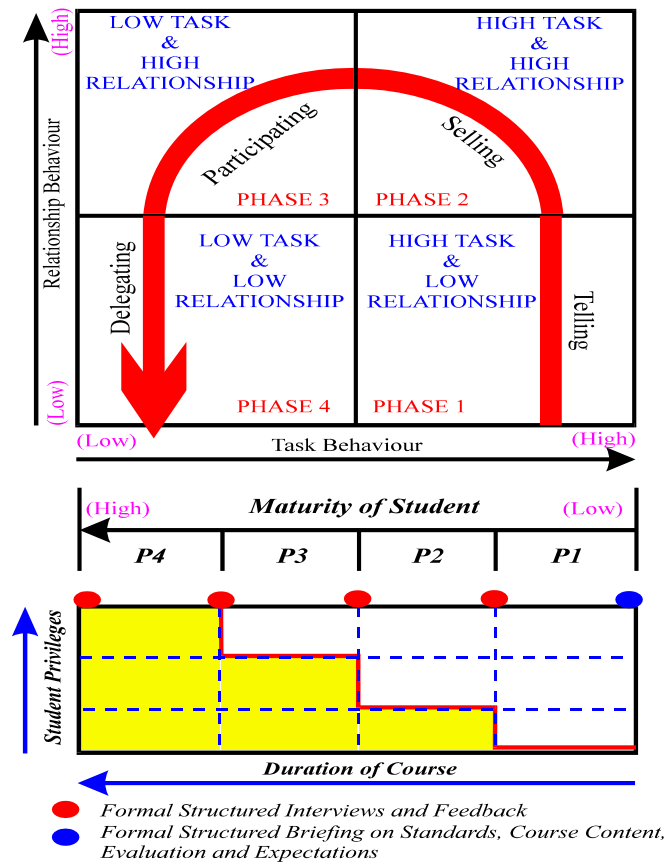


Diagram 1: The Hershey-Blanchard model adopted to suit the 4-phase training system of the MTO1 course.

The learners obtain privileges such as shore leave/weekend and evening pass, etc, as they move through the four phases of the course and as their military maturity increases (see Appendix E). This prepares them for what can be expected once they start functional or tertiary training. The passing from one phase into the next is based on time and progress. The time is adjusted to suit the needs of individual courses or the progress of individuals. Should progress be insufficient or regressive, learners may have to be regressed into a previous phase. One of the key criteria incorporated into the progression of the course is the physical fitness level of each individual. Being a military force, it is imperative that the young trainees are at the peak of their personal fitness level.

3.4 PHYSICAL DEMANDS

The officer's course is conducted over a period of 40 weeks. In this time, the learner must complete over 42 subjects that range from cognitive academic subjects to mechanical skill-based competencies. The theoretical aspects of Military Command, Leadership and Management are all put to the test in physically demanding exercises (MTO1 curriculum, 1996:4).

To adequately assess the theoretical aspects of training in a practical setting, the course design necessitates exercises of a practical nature. These take the form of class competitions, a fortnightly event that forces the learner divisions to work together as a team. The exercises demand both physical and mental effort from the learner. Whilst these exercises are underway, the training staff observe the behaviour of the learner to determine whether or not s/he is displaying officer potential traits. These events are vital to the measuring of leadership and managerial competencies of future naval officer's. Other practical part of the officer's course of this nature is a large Practical Leadership Training (PLT) exercise. This normally occurs over a period of five to six days and includes elements such as sea-survival, beach hikes, and orienteering, raft building and night hikes. Other aspects that make the exercise demanding is the combination of food, sleep and warmth deprivation. This is intended to put the learner under physical and mental pressure.



Photo 1: 24 hours in cold conditions on a raft create a good environment to test and measure mental and physical stamina

One of the key elements to this study revolves around these exercises. Is there an chance of opportunistic HIV infection during these exercises? And would it be fair to legally exclude HIV infected midshipmen from participating in them? The Occupational Health and Safety Act (No 85 of 1993) as well as the relevant regulations contain provisions directing employers to maintain a safe and healthy workplace and to minimise the exposure of employees and the public to situations that have the potential to lead to HIV infection. Failing to comply with these duties is a criminal offence. The employer is responsible to indicate whether harm could have been contemplated or predicted in the case of an accident and what were the steps implemented to prevent an accident or incident (OHASA,1993:3).

3.5 RISK AREAS

A study was conducted at SA Naval College by the researcher in an attempt to determine the HIV transmission risk against activities as set out as per the curricula (Joint Training Curriculum, 2000). A table indicates the findings as follows:

HIV RISK	LOW RISK	RISK EXISTS	HIGH RISK
Examples of the Subject/Activity	Academic classroom activity. Paradework.	Physical training. Boatwork. Practical Sea Training. Sport activities. Shooting exercises	Practical Leadership Training. Class competitions.
Time in hours	667	227	144
Percentage of total course	64%	22%	14%

Table 4: Time allocation as per curriculum of the MTO1 course in terms of subjects/outcomes versus HIV transmission risk.

Besides the physical demands of the course, a degree of HIV awareness education and tolerance is essential, as the officer's course is residential. This is currently done by the SANDF who, through the social services of the SAMHS, provide lectures on HIV/AIDS. All learners share shower facilities, eating utensils, dormitory space (messdecks) for the duration of the course. The sleeping arrangement is on double bunks, as the following photographs will illustrate:



Photo 2: The confined living conditions of a midshipman whilst undergoing training. Effective HIV awareness is important to ensure no unfair discrimination takes place between learners.



Photo 3: Raft building – an example of an exercise with a low-risk chance of HIV transmission

The high-risk training exercises have been so labelled by operations medical personnel (Charles, 2002) who accompanied the training staff on the PLT phase. The photos listed below were taken by the researcher in conjunction with the medical personnel who confirmed that HIV transmission was “a high probability” (Charles, 2002) under the circumstances.



Photo 4 & 5: Injuries sustained during the sea-survival phase. These injuries were treated approximately four hours after they occurred by the operations medical personnel.



Photo 6, 7 & 8: Further injuries inflicted during the sea-survival phase. Despite these injuries, all learners have reported that the exercise was exceptionally beneficial.

The curriculum stipulates that within the 40 weeks, all outcomes must be successfully attained for commission. Despite the fact the majority of the time is spent with the cognitive transfer of knowledge (60%), the evaluation of a candidate deals with not only the academic ability but also the skills and competencies acquired during training. A midshipman is measured on

Knowledge, Skills, and Attitude (KSA). The inability to participate in 100% of the activities would result in an incomplete incidentation and observation period. This will often result in the candidate being considered *Not Yet Competent* for commission (Joint Training Curriculum, 2000:12).

3.6 CONCLUSION

According to the White Paper on Defence (1996, section 11.15) the composition of the SANDF shall broadly reflect the composition of South Africa. To this end, affirmative action and equal opportunity programmes have been introduced to a strict ratio, which is 60% African, 23% Whites, 12% Coloured and 5% Indian. These ratios have changed in the past and will most likely be altered in future. The MTO1 course is designed to create an environment that is challenging both mentally and physically. The candidates are predominantly between the ages of 19 and 28, with grade 12 being the minimum academic requirement (see Appendix D – Post Profile: Minimum qualifications). All candidates are screened medically and psychologically before being recruited into the SANDF. Many Africans who are recruited into the organisations are from inland or rural homes and have not been exposed to the ocean before. Many of these new learners are not competent when it comes to swimming. The naval culture is a new environment with maritime traditions being highly unfamiliar to most of the learners. It is normally a massive culture shock for most of the learners.

The course design facilitates training to midshipmen who are being prepared for commission. Preparing for the event of war makes this institution unique in its training practises. There are occasions where learners are exposed to potentially dangerous situations. Some of these situations may also be deemed transmittable for HIV. The training staff that supervises the training is also exposed to these situations. To gain valuable insight into the perspectives of those affected, it was necessary to experience their world of reference. The next chapter will deal with this aspect.

CHAPTER FOUR

RESEARCH METHODOLOGY AND ANALYSIS

*“One soon realises that the only way to find a solution
is to come up with another problem”*

Anon

4.1 INTRODUCTION

Initially the departure point of the research was planned to discuss the effects of HIV on the militaries of the sub-Saharan region. The scope was too broad and finally the South African Navy was selected. This chapter deals with the composition of the learner groups currently undergoing officer's training at the SA Naval College in Gordon's Bay, South Africa, their feedback and opinions on training and HIV, as well as that of the training staff involved in the actual training. The medical personnel involved in military HIV cases have also been approached for their opinions and experience on this issue.

4.2 RESEARCHER POSITION

The researcher being a serving uniform member of the SA Navy provided a good opportunity for a participative action research paper. The issue of HIV in the military is a real one. Having experienced an appointment at sea and gaining further experience in recruitment and ultimately training, has exposed the researcher to the multiple dimensions of the HIV as a human resource challenge in the military. It was necessary to attempt to investigate the actual situation *on the ground*.

The problem at hand is multi-dimensional and highly contentious. With human rights being a pillar of the South African democracy, any unfair violation thereof

would be deemed unconstitutional. The military is a unique environment that requires personnel with certain physical abilities. Would it be unconstitutional to prevent HIV-positive members from attending the nine-month officer's course? What about the rights of those members who are HIV-negative? Would it be fair to put HIV-positive members through such a gruelling course?

4.3 ROLE PLAYERS

The interviews highlighted in the methodology display the characteristic exploratory and descriptive nature of the topic (Mouton, 2001:143). To successfully test the research problem, it was necessary to analyse, question, probe, evaluate and measure the following role players and elements all included within the microcosm of the research:

- ❑ The *physical working environment*. Ergonomic evaluation of the mess decks, classrooms, ablution and catering facilities.
- ❑ The *training process* was scrutinised. The design of training exercises was questioned.
- ❑ It was crucial to establish the validity of certain *curriculum requirements*. The guardians of the naval training curriculums needed to be questioned.
- ❑ The *trainers and their techniques* needed to be scrutinised.
- ❑ *Medical experts* had to be approached for medical expertise on certain issues. Policy makers in the organisations were asked for their opinion regarding the issue of HIV and officer training.
- ❑ Most importantly, the actual *learners* were approached. Any decisions that would be taken in future regarding HIV directly affect the learner in training. Their opinions and experiences are one of the focal points of the study.

4.4 SAMPLING

To establish the current opinions of the learner group on course at SA Naval College, it was essential to gain the permission of the organisation to conduct the

opinion surveys. The SANDF has currently embarked on an aggressive HIV awareness programme called the Masibambisane Programme. In the light of this, the organisation was accommodating in realising that this research intends to explore valid and current issues. The findings may even be utilised in future policy decisions.

4.5 THE LEARNER GROUP

The learner group comprises of two distinct groups, namely the Category A Course: These learners are predominantly school leavers and have little or no military experience. Their details are viewed as follows:

	African	Coloured	White	Asian
Male	18	2	7	2
Female	6	1	4	0
Total	24	3	11	2

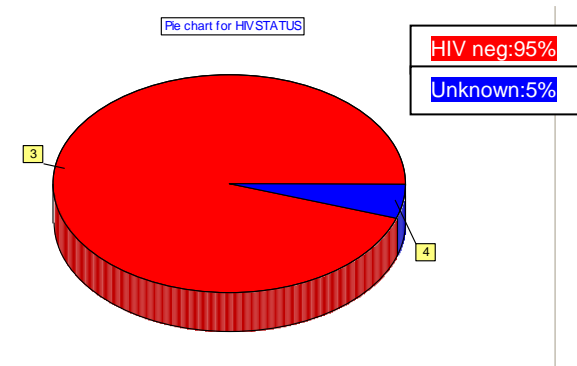
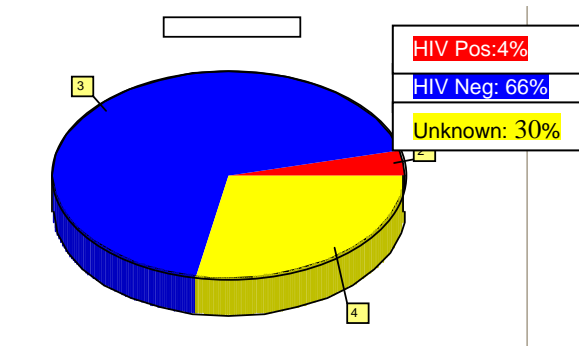
Table 4: The race and gender composition of the 2002 Category A learner group.

The Category B course is only six months in duration and most members have previous military experience or possess a tertiary qualification relevant to the field in which they are employed. These learners consist of three predominant groups, namely: graduate engineers, ex-warrant officer's (\pm 18 years of military service each), and members from the non-statutory forces (MK, APLA). Their details are as follows:

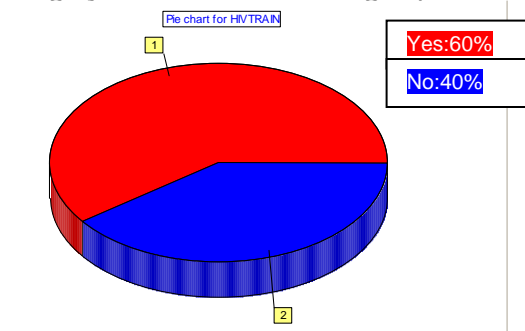
	African	Coloured	White	Asian
Male	16	4	0	3
Female	0	0	1	0
Total	16	4	1	3

Table 5: The race and gender composition of the 2002 Category B learner group.

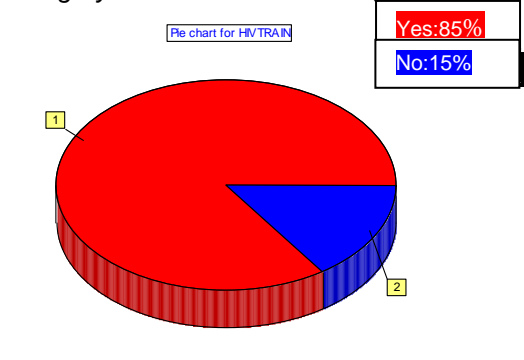
In an opinion survey conducted with the learners on the course, an attempt was made to discover how HIV affects them in their training environment. The attached opinion survey (Appendix A) was distributed amongst the learner body on 4 June 2002. The graphs below indicate some of the opinions and facts regarding the two groups are currently undergoing officer training:



Category B – HIV Status of the group.

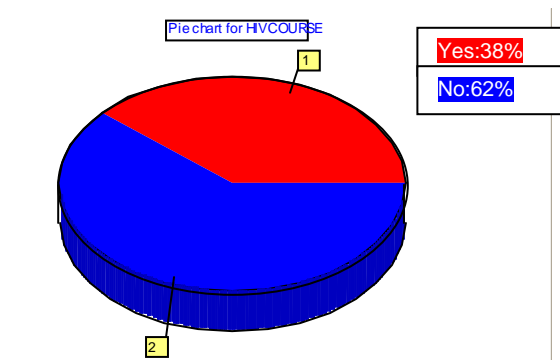
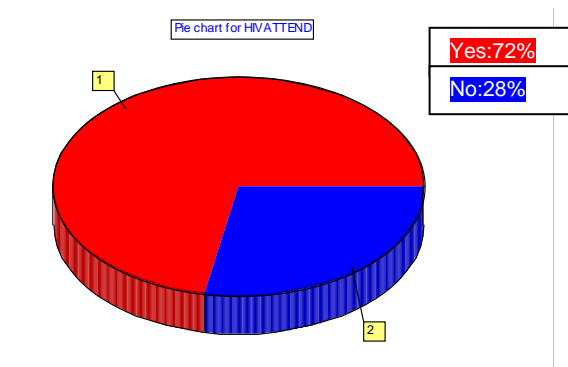


Category A – HIV Status of the group



Category B – Those exposed to HIV training

Category A – Those exposed to HIV training



Category B – Should HIV+ candidates attend course?

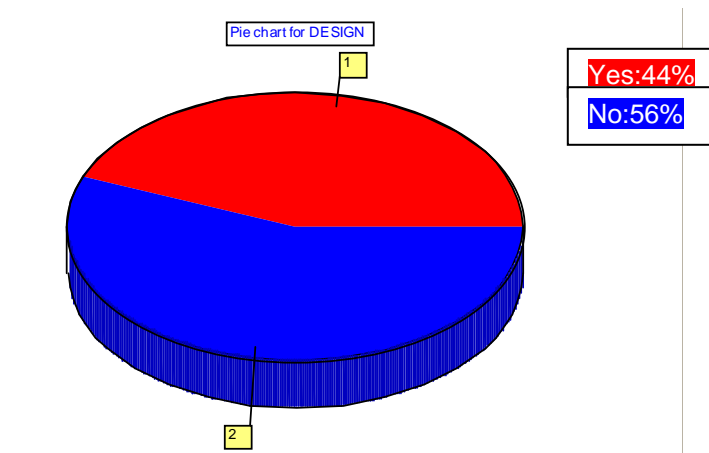
Category A: Should HIV+ attend course?

The Category A group is a characteristically younger group, with 80% being between 18 – 24 years of age. This correlates directly with their qualifications – 87% having matric as their highest educational qualification to date. The majority of the group was recruited directly from school resulting in 87,18% of them having been tested within the past twelve months. 7,69% had been tested for HIV in the past two years and 5,13% were oblivious to the fact that they had been tested for HIV.

In terms of sexual behaviour and the theories of Yeager (1996) regarding military populations being high-risk populations, 23% had answered that they had engaged in unprotected casual sex whilst serving in the military, and 17% had done so with a sex worker – an alarming statistic when put into the context that 80% of the group are between 18 and 24 years of age. The effectiveness of HIV training cannot be directly gauged as no time scale was asked, however 84% said that they had been exposed to formal training on HIV prevention. With this in mind, nearly a quarter of the group have practised unprotected casual sex whilst serving in the military.

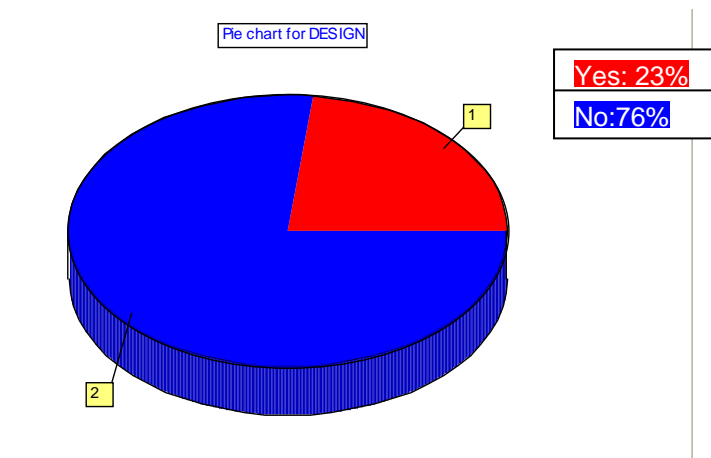
Their opinion on whether or not people with HIV should attend the course displayed disparity between the groups: 38,46% of the Category A's felt that HIV-positive members should be permitted to attend the course. That meant that 61,84% said no to HIV-positive members being permitted to attend the course. Notable opinions can be reviewed at Appendix C. Out of the older Category B group, 72% said that HIV-positive members should be permitted to attend the course. Some of their comments can also be reviewed at Appendix C.

The opinions were as follows:



Category B – Does the course have situations that are conducive to the spread of HIV? (Pre-PLT result)

The Category A learners had not been as exposed as the Category B group.

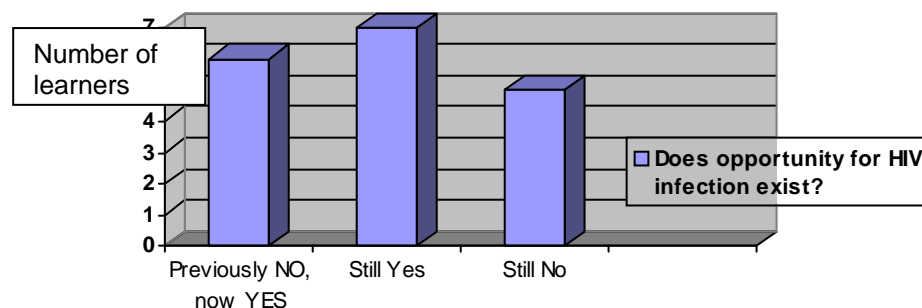


Category A – Does the course have situations that are conducive to the spread of HIV?

A week later the Category B group departed for a week of Practical Leadership Training (PLT's). Included in this is a Sea & Sand phase which deals with aspects of sea orientation, including waves, rips, tides and sea life. This course was introduced in 2000 as many of the new recruits in the SA Navy had no

previous experience of the maritime environment. Of the recruits in 1999, 2000 and 2001, only 35% were able to swim. One prerequisite for passing the officer's course is that all officer's must be confident in the maritime environment, including the ability to swim (SA Navy MTO1 Curriculum, 1996). It is predicted that the design of the officer's course will be an issue. Questions will be asked at national strategic levels as to the reasons for some of the exercises on the course. All exercises must have a specific outcome and should not exist solely to create a dangerous environment. The learners were asked whether or not there are any situations on the course that have been conducive to the transfer of HIV. The opinions were asked on 4 June 2002. This was one week before the Category B course was due to depart for their sea-survival phase. The sea-survival phase is considered to be one of the most physically demanding parts of the course and provides an invaluable measure to the learner's ability to lead others in times of discomfort and under physical and mental strain.

Once the sea survival course was complete, a questionnaire was again given to the Category B group asking whether or not situations existed on the course that were conducive to the transfer of HIV. The feedback, 10 days after the first questionnaire, was as follows:



Bar graph indicating the change of opinion regarding the opportunistic transmission of HIV on MTO1 course. The question was: do you think the MTO1 course creates the opportunity for HIV transmission (infectiousness) ?

To ensure that the purpose of the exercise was not put in jeopardy, the question was also asked whether or not the learners had benefitted from the sea survival phase. 100% of the learners replied that they had benefitted from the exercise, and a further 98% had said that they had learnt from the exercise (MTO1 Course feedback, 2001). These figures correlate with the feedback from the previous year groups, indicating that there is a definite value-adding process in the conducting of the course. This does pose a problem in the management of HIV during training in such a potentially high-transmission period.

4.6 ANALYSIS OF LEARNERS DATA

There is a distinct difference between the two groups of learners that were questioned. The analysis of the two groups and the potential reasons for the disparity could be associated to the following factors:

- ❑ The Category B group is a predominantly older group, with 36% of them being between 36 – 45 years of age. A further 20% are 30 – 35 years of age, with 40% being between 24 – 29 years of age. The age difference may play a role in each group's perception of human rights, personal experiences, and an ability to conceptualise the organisation on a larger scale.
- ❑ The Category B learners also would have a higher sensitivity for human rights. One third of the group consists of previous "Freedom Fighters" from MK and APLA. In terms of their training, they were fighting for the human rights of those previously disadvantaged by apartheid. This mentality will still prevail, accounting for the 72% having the opinion that HIV-positive members should be permitted to attend the officer's course.
- ❑ Another factor that may influence the disparity between the two groups is that 84% of the Category A group said that they had undergone formal HIV prevention training. Of the Category B group only 60% had receiving formal

HIV prevention training. The deduction is that the Category A's could have a more medical approach to HIV compared to the political approach of the Category B's.

- ❑ A final deduction is the type of HIV exposure to which both groups have been exposed to. HIV education is a part of the secondary education system and most Category A learners have recently passed through secondary schooling, with the majority of the group having matriculated in 2000 and 2001. The Category B group has more military and tertiary experience, with 32% having diplomas and 10% in possession of degrees. The Category A group is also far more aware of their HIV status, with 94,87% claiming they were HIV-negative at their last test. 87% were tested within the last 12 months. Of the Category B's, 28% indicated that they did not know their HIV status and 4% said they were HIV-positive. The validity of these answers can also be questioned seeing that only 60% of the Category B group were tested within the past 12 months. 16% did not know if they had been tested and a further 16% were tested between three and five years ago.

4.7 TRAINING STAFF FEEDBACK

The training staff was given a similar questionnaire to complete (Appendix B). The learners were only exposed to one course. Part of the staff feedback was to determine how many years on average a staff member had been exposed to the officer's course. The collective experience could also indicate how many potential HIV transmittable situations had arisen over the years. But most importantly, the staff was asked what the best method was in managing the problem. After all, it is the staff members who ultimately assist learners when they are injured. It is the staff who also act as safety personnel in the water and during shooting exercises.

The questionnaire submitted by the researcher to the training staff was again completed in confidence. All staff members that were approached deal directly with the learners in the training environment. These members are all subject to official delegations that instruct them to observe the learners, give class, and supervise all aspects of their training. With their combined experience, the feedback received will have a great impact on the findings of this research paper. (Staff feedback can be seen at Appendix C.)

4.8 TRAINING STAFF ANALYSIS

When questioned about whether or not the chance exists for the transmission of HIV on the officer's course, the reply was unanimous: 100% of the training staff agreed that opportunity for HIV transmission existed. To reiterate the design of the course, 25% of the course is of a physical nature ranging from activities such as Boatwork, Class competitions and Practical Leadership Training. 62% of the staff have been involved in officer training for a year or less. Only 12,5% of the group have been involved in training officer's for over five years.

All training staff are expected to be actively involved in all aspects of training. 70% of the staff have attended swimming coaching courses to enable them to assist in strenuous water activities. Having so many staff in the water during PLT's, for example, may be the cause of the response that 87,5% said that they had been placed in a situation that concerned their own safety regarding HIV transmission.

As indicated earlier, the learners themselves are aware of the dangers of HIV transmission on PLT's. It is the staff's responsibility to assist as safety personnel in these exercises. One of the key questions was whether or not HIV-positive learners should be permitted to do the course. 62,5% of the training staff felt that HIV-positive learners should not be permitted to attend the course. One member said that they should be permitted to do the course and two members abstained

from answering the question. HIV in training is a sensitive issue. When asked for advice as to how to manage the dilemma of HIV in training, the responses were evidently emotive (training staff responses can be seen at Appendix C).

One of the common responses deals with revealing the status of HIV members coupled with regular testing. The training staff members were also of the opinion that it would be far easier to manage and control this than the current philosophy of treating all learners as though they were HIV-positive. The other complication here is the window period. A learner may be a carrier of HIV and it may have gone undetected within the first two months (See Whiteside, 1990:4 and Levy, 2000:4).

4.9 MEDICAL EXPERTS

The doctors, operational medics (ops medic), and sisters who work with the MTO1 learners were interviewed formally but without a formal questionnaire. The doctors approached are all currently employed by the SANDF and have direct contact with HIV testing, patients and policy issues regarding HIV and the management thereof in the SANDF.

Major (Doctor) Arnold, the Staff Officer 1 (SO1) at 2 Military Hospital in Wynberg regarding the management of HIV/AIDS in the SANDF, was telephonically interviewed on 26 August 2002. When posed the problem statement, a medical opinion was highlighted. Arnold was of the opinion that a clear post profile containing all the requirements of the learners is one sound way to ensure that all objectives can be met, irrespective of HIV status. The implications are that if a recruit applies to be a Combat Officer, the job requirements are that the learner/officer must be able to be deployed. Dr Van den Berg, an HIV specialist also based in Wynberg who deals with the re-classification of HIV-positive SANDF members, makes it quite clear that HIV-positive members are unable to

be deployed at sea. In fact, their medical category changes to G1K3N4. If a learner has this classification, s/he cannot be accepted for officer training.

In terms of the question of confidentiality regarding the HIV status, this has become one of the key issues. Not only did the learners and staff of the College feel that it would be easier to manage learners who disclosed their status, doctors have a code of ethics to which they must adhere. When the medical HIV experts were posed the question of disclosing HIV status to the broader community, opinions were varied. Arnold felt that all other diseases are openly managed and fairly discriminated against. The fact is that many people used homosexuality and culture as an excuse for denial of their HIV status (Van den Berg, 2002). The issue is not confidentiality and disclosure. In her personal experience, Van den Berg argues that society as a whole stigmatises HIV-positive members. (The finding of this research is that 84% of the learner group felt that HIV-positive members should not attend the course). The amount of unfair discrimination that occurs in South African society, according to both Arnold and Van den Berg, is the greatest hurdle in the management of HIV. In personal consultations, both doctors have experienced angry patients when informed of their status. One uniform member retorted that he “was not a homosexual” (Arnold, 2002).

When asked about the future management and a way forward in terms of learners undergoing officer training, Van den Berg referred to the Medical Ethics Community under which medical doctors are advised. Although the SANDF tests for HIV at entry level and rejects candidates with HIV, Van den Berg emphasises that one can never be sure anyway. Whether a doctor is performing surgery or a learner has slipped on sharp rocks, the danger of HIV infection exists due to the unpredictable nature of the virus. Even if the HIV status is disclosed, how long is that person’s medical category valid for? The member may even have been carrying the virus during the test, but the window period may have left the virus undetected. In the question of whether or not it was fair to exclude HIV-positive

members from the MTO1 course, all the medical experts said the same: the problem needs to be managed. Scenarios such as HIV-positive members whose status is not detected in the tests may complete the course, but the member whose positive status is made known may be excluded.

4.10 CONCLUSION

The various groups approached all have different perspectives regarding HIV in the military. It is evident that the learners are divided into two groups – the older group who are more sensitive to human rights, and the younger group who tend to be less tolerant of HIV status. The medical staff work with this issue on a daily basis and have insight of the patients that is valuable to this research. Having spoken to them, it is clearly not easy to be able to divide members into HIV-negative and HIV-positive groups – they are all uniform members. The medical staff are aware of the intricacies of human rights, the law, and the necessity to maintain a healthy and combat ready force.

The training staff had experienced the difficulties of training learners and putting themselves at risk during specific training exercises. The wide spectrum of opinions would be a reflection that HIV as a disease is still in the early stages within the organisation.

It is evident that researching this challenge has gained the interest and support of many people within the organisation. The participative design of the research means that all opinions have an equal weighting in their specific context: trainers felt threatened of being exposed to HIV by HIV-positive learners; learners have mixed feelings on the topic, ranging from extreme rejection of HIV-infected people, to acceptance and understanding the needs of HIV-infected people. The medical experts have their reserved judgements regarding the way HIV is being managed in the organisation. The next chapter deals with the research challenges of this design.

CHAPTER FIVE

RESEARCH CHALLENGES

5.1 INTRODUCTION

The research design of Participative Action Research presented many challenges. The points highlighted by Welman & Kruger (2001:184) were true in that that the researcher experienced what the group experienced; understood their life-world; and determined the importance they attach to their behaviours. According to Mouton (2001: 150), Participative Action Research has an explicit commitment in empowering the participants and makes an attempt to change the social conditions of these participants. This specific research paper has certainly had that spin-off on the participants. The issue of HIV/AIDS is current and the problem of managing it within the SANDF at grassroots level is a challenging task.

5.2 RESEARCHER CHALLENGES

The topic itself is met with mixed reaction (see Appendix C) throughout the organisation. Ethics and confidentiality have been the greatest challenge since access to HIV-positive candidates has not been possible. The topical nature of the research has also meant that available data is often not in the traditional form of books, but rather from recent academic papers, newsprint and electronic media. These factors have all made this a challenging research topic.

According to Welman & Kruger (2001: 190), the action research design places a high premium on the involvement of all parties. The main focus of the study was that of the HIV-positive officer candidate. All research and opinions spoke *about* them, but access was never gained to speak *to* them. This sums up the dilemma

of this study: the confidentiality of HIV makes it impossible to know who has HIV/AIDS, society is not ready to accept people with HIV/AIDS (Van den Berg, 2002), and people with HIV do not feel confident in disclosing their status for fear of victimisation. Not only is this a challenge to this research but these elements probably summarise the main challenges that face the SANDF in managing this issue. Despite the assurance of anonymity (Welman & Kruger, 2001:185) it is evident that the HIV-positive members are reluctant to disclose their status.

Although the researcher was a member of the organisation being investigated, HIV-positive members disclosed to a social worker within the unit that they (the learners) were afraid of victimisation should they disclose their HIV status (Fester, 2002). The only relevant point learned in terms of training was that there appeared to be a correlation between poor performance (academic and disciplinary) and HIV status. Without disclosing names, the researcher took a list of learners that were performing poorly, both academically and practically. The social worker was requested to determine what the HIV status was of the learners. Social workers are governed by ethics and a request of this nature was not entertained. The request could not be answered directly. When the researcher explained the nature of the enquiry, the social worker indicated that there was a correlation between poor performance on the MTO1 course and HIV infection. This data obviously lacks credibility and is unscientific. However, the indication is that future research along these lines may assist the organisation in drawing up a comprehensive training policy. It may still need to be proven if HIV-positive are able to cope with the physical and mental demands of MTO1 training (Fester, 2002).

The focus of this study has also revolved around the physical dangers of HIV transmission whilst on course. The mental preparation of HIV-positive candidates has been difficult to gauge due to the fact that their opinions have been inaccessible and confidential. This is an area waiting to be researched, but it would have to be conducted by a professional psychologist/social worker who

poses no threat to the performance measurement of the learner. The researchers position was advantageous in measuring the opinions of those who would be affected, but not those who are infected.

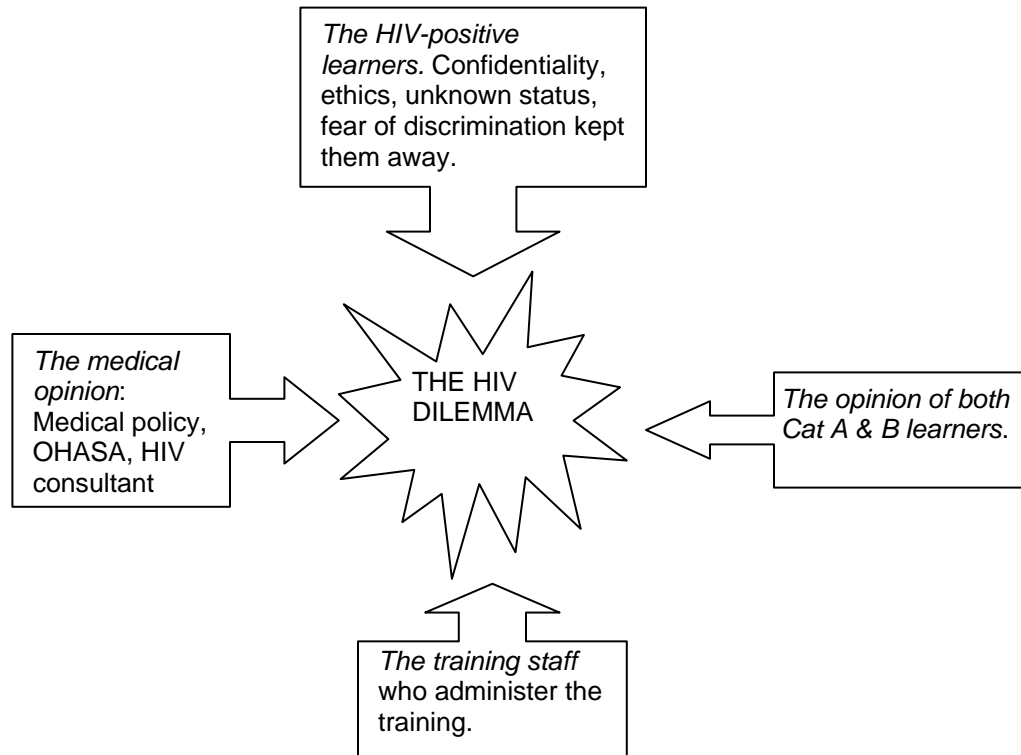


Diagram 2: The opinions required in this research paper.

According to Welman & Kruger (2001: 191), a characteristic of Participative Action Research studies is that the external validity does not enjoy a high priority. The reason for this is that the researched environment is normally highly specific and any development that stems from research can only be applied in that specific environment. (Welman & Kruger, 2001:191). This research paper would be different in that any decision taken by a higher authority would have a direct impact on all naval training, possibly even across the organisational boundaries of the SANDF.

5.3 RESEARCH ETHICS AND CONFIDENTIALITY

One of the primary challenges to this research is the problem of confidentiality. Not being able to interview HIV-positive members has a direct drawback in the ability to get valid and credible opinion. The DoD Instruction on the Management of HIV and AIDS in the DoD (April, 2001) clearly states the following:

CONFIDENTIALITY

HIV/AIDS is a medical condition, and as such, any information regarding the diagnosis or disease is strictly medical confidential. Disclosure of information can only be done in terms of the ethics and the regulations regarding such disclosure.

Persons living with HIV/AIDS have the legal right to confidentiality about their HIV/AIDS status in any aspect of their employment, unless specific legal or medical ethical principles require disclosure of HIV/AIDS status.

(DODI, April 2001:A-5)

In accordance with both the common law and Section 14 of the Constitution of South Africa (1996), all persons have a right to privacy, including privacy about their HIV or AIDS status. Accordingly there is no legal duty on an employee to disclose his/her HIV status to their employer or to other employees (Government Gazette no 21, 2000:7). With this legislation in place it is almost impossible to understand the feelings of those infected. The cloud of secrecy stays intact.

In the medical fraternity, vertical AIDS notification is being proposed on an anonymous basis. Theoretically the rights of those infected will not be infringed upon. The fear will always exist that the information regarding HIV patient's status may be unlawfully disclosed to third parties. Health workers have in the past come under pressure from employers, insurance brokers, etc. to disclose

this information (ALP, 1999:6). By disclosing the HIV status to these groups would be unlawful. The question then arises – in case of the officer's course and the type of training that is conducted, would it not be lawful to disclose this information? The practical problem will always be on the boundaries of confidentiality. Culturally it may pose a threat for those learners of African tradition. In KwaZulu-Natal there are reports that those members who are infected with HIV/AIDS are not accepted and treated as outcasts (D. Rezelman, 2001). A provincial health worker from KwaZulu Natal stated that "someone at home revealed she was a sufferer, so they kicked her out of her home" (ALP, 1999:9).

Should only the training staff know? Practically the training staff spend on average only three years at the SA Naval College – the medical information regarding previous learners is bound to be made common knowledge at some point in time throughout the organisation, negatively impacting on the career aspirations of a junior officer with HIV. Ethical and common law requirements demand that health professionals respect the confidentiality of their clients and that their client's should decide for themselves whether or not to disclose their HIV status. The International Covenant on Civil and Political Rights (ICCPR) states "no one shall be subjected to arbitrary or unlawful interference with this privacy" (ALP, 1999:8).

The issue of lawful disclosure has even gone to court. In the McGeary case in South Africa in 1994, the court declared that "*in the case of HIV and AIDS there are special circumstances justifying the protection of confidentiality. By the very nature of the disease, it is essential that persons who are at risk should seek medical advice or treatment. Disclosure of this condition has serious personal and social consequences for the patient*" (ALP, 1999:7).

5.4 OPINIONS

All of the questionnaires in the research were directed at determining the opinions of relevant peoples opinions regarding the topic of HIV/AIDS in the military, specifically in the officer's course. Everyone has his or her own opinion. Unlike a highly controlled paper, no one hypothesis can be answered by application of a formula. The questions that arise from this are:

5.4.1 WERE THE CORRECT PEOPLE ASKED THEIR OPINION?

Population validity is a key question in any research. The midshipmen on course are the people who will be most affected by any policy decision taken at a higher level. The training staff has a sound foundation of officer training to make their opinion credible for this research topic. The medical experts were asked for their expert medical opinion. It would be fruitless to pursue the research problem of a medical nature if no real medical threat existed.

5.4.2 WHOSE OPINION IS THE RIGHT ONE?

This is ultimately the essence of the problem. The legislation exists to ensure that basic human rights are not violated. Yet everyone has a right to express their opinion if they have valid grounds that their rights are being unfairly undermined. Are the HIV-negative people at risk whilst undergoing training with HIV-positive members? – this violates their right to a safe work environment. Are the HIV-positive members being unfairly discriminated against purely because of their HIV status? Is this fair?

It is impossible for the researcher to determine exactly which group of individuals are correct. Both have rights that are being violated and the research has attempted to analyse the proportionality of the question. If democratic and bottom-up principles (Kotze & Kellerman, 1997:40) are adhered to then the hypothesis would be valid and HIV-positive officer candidates would be excluded

from future training. If 70% of the learners feel endangered by training with HIV-positive people, is that then listening to the needs of people? Or does it all come down to democracy – the rights of the individual? These are the challenges that the SANDF is facing.

5.4.3 HOW SUBSTANTIVE ARE TODAY'S GENERAL OPINIONS?

Welman & Kruger (2001:93) indicate that one of the strengths of this research design is that surveys can be conducted over a small period of time. This makes the findings comparable. This may serve as a disadvantage in this case. Sustainability of policy is a key factor determining the success of a particular policy. Annually the officer candidate intake consists of new learners. These groups vary in size, demographic background, educational qualifications, values and beliefs, and HIV/AIDS sensitisation. Taking into consideration the rate at which HIV/AIDS is spreading within South Africa, it may be safe to predict that midshipmen of the future will personally have contact with HIV/AIDS victims before joining the organisation. It is not sure how this may influence future opinion. It is certain that both the curriculum of the course as well as the interpretation of HIV/AIDS policy will need to be based on one of structured flexibility. It is evident that whatever policy is currently followed will originate from central policy-making. Once HIV/AIDS can be openly addressed within the organisation the process of adaptive administration can occur (Kotze & Kellerman, 1997:46).

5.5 LITERATURE AVAILABILITY

A further note under substantiveness is the limited amount of print available. The issue is so topical that published books are scarce with valid information. As the list of references will point out, much data was collected via journals, newsprint, internet sources and current academic papers. The traditional approach of extensive literature reviews has only resulted in the discovery of much outdated information. Internet sources are gaining in credibility but there are many

sources of the “dot com” origin that resulted in extreme groups with little objectivity in mind. All acts and laws were easily accessible off the internet, as were topical debates from NGO and government web sites. Extensive use was made of this facility. Future researchers are cautioned to be wary of the credibility of many sites.

5.6 STRENGTHS

Participatory Action Research was ideal for this study. The researcher’s position within the organisation afforded many learning opportunities that may otherwise not have occurred. A further strength is the potential impact the findings may have an impact on future policy within the organisation. The involvement of the researcher displayed the characteristic “ownership” of the findings (Mouton, 2001:151).

From the outset the research was designed to ensure that there was no one singular approach. Including all relevant role-players regarding the issue of HIV-positive members undergoing officer training combated this. It is evident that there is a notable gap between the opinions between learners, training staff and medical staff. Each have different frames of reference.

5.7 CONTROL

The degree of control over the research displayed both areas of high as well as low control. What could be controlled were the actual activities of the officer’s course. A programme is promulgated a year in advance and the periods are followed accordingly. The low part of the control is obviously the behaviours, experiences, and opinions of the learners on the course. To ensure the most objective approach, the option was taken to run a parallel checklist against the warning factors that influence the researchers control (Welman & Kruger, 2001: 106):

5.7.1 The construct validity: It was important to attempt and make the opinions of the learners, staff and medical teams as meaningful and wide-ranging as possible. The researcher's rank and position in the organisation would definitely have had a major impact on the subject effect. The issue was assessing the ways in which to manage HIV in training interventions within the SANDF. Each subject's background, education, values, experiences, and impressions would have had an enormous impact on the outcome of the research. The mere diversity of the group in terms of all of the above-mentioned factors (including race, religion and age) made each questionnaire valuable in its own interpretation.

Each participant was approached and asked to fill in questionnaires. There was no money or favour attached – just a request that all participants be as honest as possible. The researcher was confident that there was little reactivity of research. The participants were unfamiliar with the research title and this in turn resulted in a decrease in demand characteristics. On the other hand, it is possible that learners may have attempted to sabotage the feedback. This is a theory in itself, but it is possible that certain elements of the course identified the questionnaires with the researcher and may have suspected a hidden agenda. This can again be ascribed to the position and the relative influence the researcher has over training within the SA Naval College. The researcher is also of the opinion this is why so few of the candidates admitted to being HIV-positive – for fear of being “uncovered” and removed from training. If this is true, it in itself is a statement that the organisation needs to interpret carefully. Should there be a relationship between these variables, the message is clear that HIV-positive members feel they cannot speak freely about their condition and the need for confidentiality is a necessity. The question then arises: what does the organisation do to gain the trust of the infected members? It appears from the research that the contradiction of dealing with the virus openly but hiding those infected with HIV is an interesting dilemma.

5.7.2 Experimenter Effect: The researcher's former experience in the SADF was based around discipline and zero tolerance for policy ambiguity, especially whilst in training. Mouton (2001:151) identifies researcher subjectivity as a major limitation to this research design. The position within the organisation could have been inappropriately used to serve the researchers own position. To research the opinions of humanitarians, labour lawyers, disciplined soldiers and sailors, medical experts and learners on course all increased the capacity for understanding. The multitude of angles explored has resulted in a far wider insight to the topic that has affected the researcher.

5.8 CONCLUSION

To fully explore the dynamics of this research would be challenging if a researcher from a social welfare/social psychology background intended on taking this hypothesis and make it their null hypothesis (Welman & Kruger, 2001:198). By using the same research design, a different angle could be researched in making HIV-positive officer candidates the focus group. The extent to which HIV-positive officer candidates feel they can freely disclose their HIV status would be a good measure as to what the acceptance level is in the organisation. The research design has been that of participative action. There is insufficient data available within the organisation at this junction that leaves the researcher with no other option. The topical nature of the research makes questionnaires more valid and opinions can impact more than just the direct environment.

Many other organisations will/are facing similar problems and will have to move away from broad non-discriminatory policy to that of concrete decisions that will ultimately affect the lives of all working within the organisation. The SA Navy is making steady headway in the policy fight of managing HIV in the workplace (Van Eck-Knott, 2002).

One of the most effective ways of reducing and managing the impact of HIV/AIDS in the workplace is through the implementation of an HIV/AIDS policy and programme. Addressing aspects of HIV/AIDS in the workplace will enable employers, trade unions and government to actively contribute towards local, national and international efforts to prevent and control HIV/AIDS (CCMA 2002, <http://www.ccma.org.za>). The SA Navy needs to generate policy that will effectively guide commanders in the sensitive issue in the management of all sea-going personnel who are infected with HIV/AIDS. This research has explored the dynamics of training members with HIV with the intent on identifying possible solutions to those challenges. The next chapter will highlight some of those options.

CHAPTER SIX

RECOMMENDATIONS

“No person may unfairly discriminate against an employee...on the basis of...HIV status...including...training and development”

(Employment Equity Act No 55 of 1998)

“No plan survives contact with the enemy”

Field Marshal Helmuth Carl Bernard von Moltke

6.1 INTRODUCTION

The military is in a unique position in that it has the ability to educate a captive audience about the threat of HIV and AIDS. Despite members having a varying level of education, military personnel are conditioned to accept and internalise new information (Forman & Carballo, 2001:14). By educating military communities the awareness of HIV and AIDS could overspill into their home communities as well. Education of HIV and AIDS is but one avenue the SANDF should explore. The problem statement to this research was introduced as *what is the best way in which to manage the training of HIV-positive officer candidates in the SA Navy?* The hypothesis that followed was that the legal exclusion of HIV-positive members undergoing officer training is a constitutionally fair practise. HIV/AIDS is a deadly threat to peace and security (DOD – Surgeon General, 2001:vii) and will directly impact on the capabilities of the SANDF. It is evident that the DOD has sufficient policy guidelines in place when support and care are required. Prevention programmes are also in place as outlined by the Surgeon General’s prescripts in the policy Principles regarding HIV/AIDS management in the DOD (Surgeon General, 2001:I).

6.2 POLICY IMPLICATIONS

The variance of opinion regarding whether or not HIV-positive personnel may attend the MTO1 course is proof enough that a clear policy is required. The DOD's policy guidelines are written from a strategic level and more specification is required as to how the HIV-positive members are to be managed in specific environments, especially training environments.

6.3 ALTERNATIVES

The following strategies (in no specific priority) are recommended in an attempt to answer the question as to how to best manage the challenges of training HIV-positive uniformed members in the SANDF:

6.3.1 OPTION 1: Mandatory Entry-Level HIV Testing: Testing at recruitment level only for HIV might not be effective enough. A person with HIV may still be able to be productive for a number of years. Members with asymptomatic HIV infection may never be detected if the testing is not mandatory. However, by including viral load tests and CD4 testing (as in the Namibian Defence force (see Nanditume and the (Namibian) Minister of Defence: 2001), a more accurate estimation can be made regarding the potential work ability of a member. If a member's CD4 count is too low, or the viral load is too high, then it would be in the interest of the organisation, the member, and the taxpayer to realise it would not be a wise or safe option. These tests are also costly to the organisation. Then it would be fair to deny a recruit access into the SANDF.

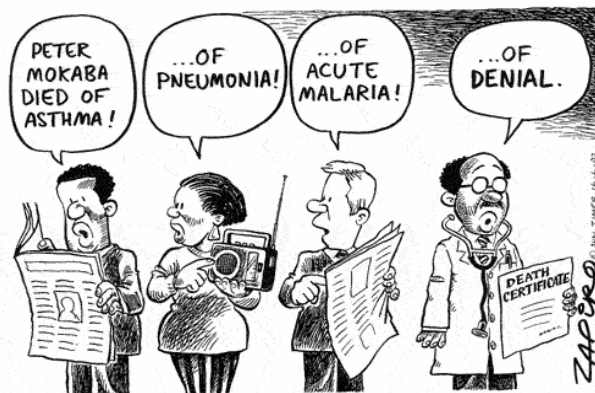
6.3.2 OPTION 2: Mandatory Employee Testing: The current policy as per the DoD is that all HIV testing will be on a voluntary basis. The draft naval order (DoD, 2002:7) indicates that employees of the SA Navy will not be compelled to undergo HIV testing. Members of the SA Navy will be tested under the Comprehensive Health Evaluation (CHA) as stipulated by the office of Surgeon

General. Currently members who do not wish to be tested cannot be optimally utilised. It is here that this study differs with the current practise. Uniform members need to be tested to ensure that the organisation is able to monitor and evaluate the extent of HIV. According to the White Paper on Defence, “deterrence requires the existence of a defence capability which is sufficiently credible to inhibit potential aggressors. Although South Africa is not confronted by any foreseeable external military threat, this capability cannot be turned on and off like a tap. It is therefore necessary to maintain a core defence capability” (DoD, 1996). Without knowing the extent of HIV within the organisation it is feared that, in keeping in line with the analogy, when the tap is turned on, only a trickle will appear. It is recommended that this policy be changed in the defence environment to ensure that the HIV infection rate is made known and that training commanders are able to effectively manage the epidemic. No accurate data on the extent of the virus within the organisation makes it near impossible to project the operational readiness of the SANDF. This testing should include all uniform members and be conducted annually. The current clashes between the media and the Minister of Defence are a reflection on the inaccuracies and inability of the SANDF to measure the scope of the disease.

It must be remembered that the SANDF “serves to protect democracy, not necessarily practise it” (Mphafi, 2002). How the SANDF will go about managing HIV-positive personnel is a challenge that needs to be met. By not knowing the HIV status of uniform members will result in an inaccurate reflection of the combat readiness of the SANDF.

6.3.3: OPTION 3: Disclosure: This is an unpopular option in terms of democratic rights. If the status of an HIV-positive learner is made known to the training staff and learners, then the management of the member whilst undergoing training is made far easier. This option was the one that was most popular amongst the training staff of the SA Naval College. The learners also indicated that this was a viable solution as they too would be able to take precautionary measures whilst undergoing strenuous training.

The negative implication of making someone's HIV status known is the inevitable stigmatisation and violation of human rights that will occur thereafter (ALP, 1996:8). This will only be remedied in time once the country and the organisation are mature enough to openly deal with the disease. This issue is a bone of contention and has also been experienced at national level where prominent figures are reportedly dying of AIDS, but it appears that no one is prepared to admit to the extent of virus (see cartoon). If it cannot be accepted and managed at a national level, every organisation will continue to keep the HIV status of its members confidential. Without accurate information it is impossible to make clear decisions.



Sunday Times (2002)

By disclosing the HIV status of a learner on the MTO1 course, the only discrimination that will take place are those exercises that place the individual in harm's way. It would be unconstitutional for the SANDF to put HIV-positive members in a position whereby their wellness and that of their colleagues will be

compromised. If HIV-negative members know the status of their fellow learners, then preventative measures can be put in place.

This was the least popular option by the medical experts who believe that the South African society is simply not ready to accept HIV-positive people and their status (Van den Berg, 2002). Arnold (2002) expressed a conflict between keeping the medical status of HIV-positive members confidential and a duty towards the organisation of operational readiness. Underscored is the need to step up HIV prevention and care in armies and in international peacekeeping forces. Confidential and voluntary counselling and testing can be expanded and health care for uniform members improved. Examples set by senior officer's and officials can help offset the secrecy, stigma and shame that cloak the epidemic (UNAIDS, 2001).

6.3.4 OPTION 4: Equality: This option sees everyone being treated as though they are HIV-positive. This is the most popular method in that no one is discriminated against and everyone's rights to confidentiality are protected. This would also be in line with the Occupational Health and Safety Act in that an employer "is obliged to provide, as far as reasonable practical, a safe workplace" (Act 85 of 1993). The workplace does not necessarily mean only the physical surroundings, but includes that the potential risk of HIV transmission is minimised.

The best way to implement this option is applicable first aid training to everyone involved in training. Entry-level recruits to training staff should be trained with the necessary skills to deal with injuries that may result from strenuous training. The implications of this are that all first aid unqualified members should undergo applicable first aid training. Although feasible, the initial backlog of members that need to be trained will have to be carefully managed. Funds could be obtained from the national AIDS awareness campaign or from the SANDF's own Masibambisane AIDS Project.

This option was the most popular with the medical experts in that all people with the ability to do a certain exercise could continue to do the course. All members who may be exposed to HIV would then have the necessary skills and knowledge to avoid infection.

The medical experts on HIV were adamant that mandatory testing was not the answer. Everyone had to be treated equally. By removing an HIV-positive member before the course will not prevent learners from contracting the disease on their first weekend pass or the test may not even detect those learners who have recently been infected. Creating an HIV-free training environment in the SANDF is striving for a utopian ideal (R. Rezelman, 2001:15).

6.3.5. OPTION 5: Low Risk Training: One option investigated was simply removing all high-risk activities from the course. How much course value would be lost in doing this? As Alberts (2002) points out, the MTO1 course cannot be discussed on its own. Nuclear, Biological and Chemical Defence (NBCD) training is compulsory for all SA Navy uniform members. That course in itself is also physically demanding. Every uniform member must also complete a Basic training course, which is 16 weeks of fairly strenuous activity. All of these courses are designed to simulate worst-case scenarios that may be presented to a military organisation at any time. Although these activities make up approximately 10% of the course, the impacts of removing these exercises would have a far greater impact on the value of the course. The learners in their feedback directly after the course as well as after the PLT phase have given a consistent 97% approval of these activities. The crucial measuring of leadership and management abilities also takes place during these exercises. Removal of these high-risk activities is not a good option as it will compromise training standards.

6.3.6. OPTION 6: Post Profiles: At the initial recruitment stage of employment, candidates that are HIV-positive are excluded from the intake. Currently Midshipmen do not have post profiles. Once in the organisation though, the challenges of HIV are managed accordingly. The SANDF can learn from the events that took place in the Namibian Defence Force (see Nanditume and the (Namibian) Minister of Defence: 2001). The Labour Court of Namibia found that discrimination on the grounds of HIV status alone is an unfair labour practice.

Robert Dornan, a US Congressman, tabled a motion to discharge HIV-positive members in the US Armed Forces. Dornan argues that HIV-positive personnel are a financial burden to the military (LiPera, 1996:1). Although this motion was overruled, the cases of the US Armed Forces are in a different context to the SANDF. The SANDF has a far higher HIV infection rate, and the types of HIV strain differ between Africa and the USA. The US Armed Forces only have about 1000 HIV-positive serving members (LiPera, 1996:1). The current practise followed by the SA Navy is that officer candidates are recruited and all their appointment details refer only to their specific appointment – after the MTO1 course. An example of this would be a Combat officer or an Engineering officer. Before these recruits can be employed in those capacities, they must first complete an average of three to five years training before being able to be employed in that capacity. By offering appointments that specify a training period before committing to a long-term investment will afford the SA Navy the chance to review the longevity of the human resource investment. The draft Naval Order (2002) highlights this need. The order requires that post profiles be compiled where health status of the incumbent is important. Only personnel who meet the required health status of such posts may be staffed therein (DoD, 2002:5). The SA Navy would be wise to draw up post profiles for candidates undergoing training. Doing this would enable the organisation to fairly dismiss employees who are not able to meet the minimum requirements in which to perform a specific job (an example of a draft midshipman post profile can be seen at Appendix D). Dismissal would be a last option after determining the needs of

both the organisation and the individual. If too many personnel are HIV-positive and offered non-combative roles, too many people may be in the support functions. This would not only create undue pressure on the organisation and affect operational readiness but then support personnel may have their careers negatively influenced by HIV-positive personnel who now need to be retrained and put in posts potentially reserved for other candidates. An employee whose CD4 count is dropping and whose viral load test scores increase may be fairly dismissed on the grounds that they are unfit to perform those duties as stipulated in their post profiles. HIV status alone will not deter them from employment.

6.3.7 OPTION 7: Further Research: This research set out to establish the ways in managing HIV in the training of naval officer candidates (midshipmen). The nature of medical confidentiality pertaining to HIV has resulted in no access to infected members. To determine the normalising of HIV within the SANDF, a social sciences researcher should measure the opinion of infected SANDF members to determine best practises of treatment that will benefit all military personnel (both infected and not infected with HIV). This perspective would add value to this research.

6.4 CONCLUSION

Those with the responsibility to draw up policy for the organisation will need to juggle the proportionality between human rights and operational readiness. The SA Navy will obviously still need to be a fair employer whilst ensuring that the core business of the SA Navy and the SANDF (i.e.: “to defend and protect the Republic, its territorial integrity and its people”) be maintained. A proactive stance is necessary to effectively manage the challenge of HIV within the organisation. To date there is no specific HIV/AIDS policy for training units within the organisation. This research is intended to highlight some of the dynamics that training units work with when dealing with HIV/AIDS. Training commanders may be in an uncompromising position when faced with a potential human rights

issue and without a direct policy in which to guide them. The options as listed above are suggested measurement practices and are recognisably not a cure. The long-term aim is to be able to normalise HIV/AIDS within the organisation, i.e. that it actually loses its negative stigma and uniform members are confident to disclose their status without fear of discrimination. The extent to which HIV/AIDS inhibits individual development depends on how society is able to accept people living with HIV/AIDS. The SANDF has implemented education programmes to make all members of the SANDF aware as to how to prevent HIV/AIDS and to accept those living with HIV/AIDS.

CHAPTER SEVEN

CONCLUSION

HIV will not disappear in the near future. The SA Navy is not in a unique position as it attempts to tackle the fight against HIV. National security cannot be compromised from within. Human rights may not be violated. Medical status may not be disclosed. Unfair discrimination is unconstitutional.

The researcher's position within the organisation had both advantages and disadvantages to this research. Experience, access to information and the position of respondents made the research of certain issues easier. The issue of HIV cannot be put into clear boundaries. It is now part of the South African society and will continue to be so until either a cure is found or the virus runs its course. Whatever the future, people in Southern Africa will be infected with HIV/AIDS and they will die – that much is evident. To expect the SANDF to be an HIV/AIDS-free organisation, especially owing to the fact that it already is such a high-risk organisation with regards to sexually risky behaviour, would be unrealistic. HIV-positive members will be employed and utilised where possible. The answer to this fundamental issue of whether or not it would be unconstitutional to discriminate against an HIV-positive member would have to be answered as follows:

If the person is physically able to do the work expected of them, then no discrimination can take place. If a medical restriction were imposed on the individual, then it would be legally fair not to renew a contract since the employee does not fulfil the job requirements against the specific post profile. The organisation needs to have effective exit mechanisms in place to make this a fair labour practice.

The officer's course consists mainly of candidates who join from civil society and attend the course within their first two years of employment. Certain career directions demand stricter training and job requirements from an individual than others do. The sea-going branches will not be able to accommodate HIV-positive personnel. This is already a standard practise in the SA Navy. The current practise is that HIV-positive members are medically reclassified and can only be deployed on day trips. To not recruit someone into the organisation for a sea-going career who is HIV-positive would be considered fair grounds for discrimination.

It takes an average of four years for a combat officer to become bridge watch qualified. All officer's training starts at SA Naval College, Gordon's Bay. If HIV were detected at this stage, then the options would range as follows:

To inform the member that their aspirations of serving at sea are no longer possible and that they must either change career directions (inter-branch transfer (IBT)) or exit the organisation. The latter option will have to be exercised if there are no vacancies in the shore-based part of the organisation. The MTO1 course could only act as a filter to determine what the future utilisation of junior officer's should be. The medical confidentiality clause makes this a near impossible task. Medical staffs would need to liaise with career management elements of the SA Navy to advise them of the future staffing possibilities.

The only option for those presenting and attending the MTO1 course is education. All training staff will need to be trained with the basic skills of first aid to ensure that the possibilities of transmission through ignorance are reduced. Learners will also need to undergo this training for the very same reason. Education of the entire organisation is an ongoing process. The issue of HIV needs to be dealt with by addressing social, medical, and cultural barriers. HIV-positive members need to be counselled and given the confidence to disclose their status – forcing them to do so will only result in victimisation at this stage.

This challenge will only be under control when HIV-positive members are able to say, "I am HIV-positive" without the fear of unfair treatment. It is therefore evident that the organisation will need to adapt to this new challenge or continue to live in denial.

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**APPENDIX A TO MPA THESIS
REGARDING THE TRAINING OF
HIV POSITIVE OFFICER CANDIDATES**

STELLENBOSCH UNIVERSITY: MPA THESIS QUESTIONNAIRE

OPINION SURVEY FOR TRAINING STAFF MEMBERS: TRAINING OF HIV POSITIVE STUDENTS

INSTRUCTIONS:

All answers are confidential. Do not put your name on this sheet of paper. Be as honest as possible. Please take your time. If you are unsure of any questions, please raise your hand.

Place an X in the relevant block.

When last were you tested for HIV?

In the last 12 months	In the last 2 years.	3-5 years ago	To My knowledge, never been tested
-----------------------	----------------------	---------------	------------------------------------

What is your HIV status?

I consider that private	HIV Positive.	HIV Negative	Unknown to me
-------------------------	---------------	--------------	---------------

What is your age today?

18-23	24-29	30-35	36-45
--------------	--------------	--------------	--------------

What completed qualifications do you have?

Matric	Diploma	Degree	Post graduate
--------	---------	--------	---------------

Whilst serving in the military, have you ever had casual, unprotected sex?

Yes	No
-----	----

Have you ever received any formal training on HIV prevention?

Yes	No
-----	----

Have you ever engaged in intercourse with a sex worker?

Yes	No
-----	----

In your opinion, should HIV positive members be permitted to attend the MTO1 course?

Yes	No
-----	----

Please motivate your answer:

In your experience on course, have there been any situations on the MTO1 course that may have been conducive to the transfer of HIV?

Yes	No
-----	----

**APPENDIX B TO MPA THESIS
REGARDING THE TRAINING OF
HIV POSITIVE OFFICER CANDIDATES**

STELLENBOSCH UNIVERSITY: MPA THESIS QUESTIONNAIRE

OPINION SURVEY FOR TRAINING STAFF MEMBERS: TRAINING OF HIV POSITIVE STUDENTS

INSTRUCTIONS:

All answers are confidential. Do not put your name on this sheet of paper. Be as honest as possible. Please take your time. If you are unsure of any questions, please raise your hand.

Place an X in the relevant block.

1. How many years have you been involved with MTO1 training?

1 year	2-4 years	5-8 years	8 years +
--------	-----------	-----------	-----------

2. With your experience in MTO1 training, do you think the chance of HIV transmission exists on the MTO1 course?

Yes	No
-----	----

3. Have you ever been in a situation on the MTO1 course that personally put you in danger of contracting HIV? If yes, please state the practical example:

Yes	No
-----	----

4. Do you think HIV positive members should be permitted to do the MTO1 course?

Yes	No
-----	----

5. Have you ever received any formal training on the prevention of HIV?

Yes	No
-----	----

6. Do you know of any HIV students on course? If so, how do you know?

7. How should the DoD manage the issue of training people with HIV?

**APPENDIX C TO MPA THESIS
REGARDING THE TRAINING OF
HIV POSITIVE OFFICER CANDIDATES, 2002**

**TRAINERS OPINION REGARDING THE TRAINING OF HIV POSITIVE
OFFICER CANDIDATES**

“In groups. HIV + people should be trained together”

“With extreme sensitivity. Constitutionally they have a right to be trained, but those who should train them stand at risk to be infected also has (sic) their constitutional right to decline.”

“Treat everyone as though they are HIV positive.”

“HIV positive people should not be allowed to do MTO1. Students should be tested every 6 months.”

“They should be trained on their own, but I cannot see why you should train them. Firstly it is a health risk and secondly you do not know how long (sic) productive time you will get out of them.”

“First the mindset of the people without HIV must change so that they are not prejudice towards HIV + people. Then only must your status of HIV be revealed to all (staff & learners).”

“The training staff should be aware of students (learners) that are HIV positive in case of an medical emergency.”

**QUESTION: STATE EXAMPLES WHERE THERE IS A POTENTIAL OF HIV
TRANSMISSION DURING OFFICER TRAINING:**

“Sea and Sand – PLT’s – bleeding and injuries cannot be avoided...”

“...during class competitions it can be easily transmitted.”

**APPENDIX C TO MPA THESIS
REGARDING THE TRAINING OF
HIV POSITIVE OFFICER CANDIDATES, 2002**

"...lots of blood flowing (on exercises)."

"During PLT's there is always the chance of a student falling, cutting (sic) or other (types of) open wounds in general where you try to give medical attention."

CATEGORY B LEARNERS OPINIONS REGARDING THE TRAINING OF HIV POSITIVE OFFICER CANDIDATES

"If capable of keeping up with training requirements they should (be allowed to attend the course)."

"To avoid discrimination of SA citizen since they are not the cause of HIV."

"Not to allow them...will mean...they are discriminated against."

"If they are known there is no problem...they can be treated special so that they cannot spread it further."

"HIV positive people have talents and skills...we (would) lose their expertise...they must declare to everyone about their status."

CATEGORY A LEARNERS OPINIONS REGARDING THE TRAINING OF HIV POSITIVE OFFICER CANDIDATES

"Government spends a lot of money on training officers. HIV+ people's lifespan(s) can't be determined."

"There is no use investing on (sic) a person who might wake up dead tomorrow."

"The MTO1 course has very strenuous exercises and at times very close contact activities...people get injured/cut and their blood is spread and left unprotected."

**APPENDIX C TO MPA THESIS
REGARDING THE TRAINING OF
HIV POSITIVE OFFICER CANDIDATES, 2002**

“They are physically weaker and are wasting the SANDF’s money if they are going to die soon. They also create a risk for non HIV positive members.”

“...while training takes place is a health risk...HIV positive person will be vulnerable to disease.”

“It is not to our benefit.”

SA NAVY POST PROFILE

A. POST PARTICULARS:

UNIT NAME: SA NAVAL COLLEGE	GEOGRAPHICAL LOCATION: GORDONS BAY
---------------------------------------	--

JOB TITLE: OFFICER CANDIDATE	DIVISION NAME: TRAINING
--	-----------------------------------

SECTION NAME: MIL TRAINING FOR OFFICERS PT1	SUB-SECTION/SUB-SUB SECTION NAME:
--	--

RANK/PSAP FUNCTIONAL RANK: MIDSHIPMAN	MUSTERING: <i>(FTF posts only)</i> ANY
--	---

POST CODE:	CORE CODE: <i>(As per approved structure)</i>
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POST STATUS AND COMPONENT: (Mark applicable block with an X)

Permanent Defence Act Post	Permanent Public Service Act Post	Project Defence Act Post	Project Public Service Act Post	Reserve Force Post
---------------------------------------	--	-------------------------------------	--	-------------------------------

POST EVALUATED? (Mark applicable block with an X)	YES	NO
--	------------	-----------

EQUATE SCORES:

Responsibility	Thinking Demands	Knowledge	Communication	Environment
.....
Total Score	Level	Date
			

SALARY LEVEL OF POST: (Mark applicable block with an X)

15	14	13	12	11	10	9	8	7	6	5	4	3	2	1
----	----	----	----	----	----	---	---	---	---	---	---	---	---	---

SECURITY CLASSIFICATION: (Mark applicable block with an X)

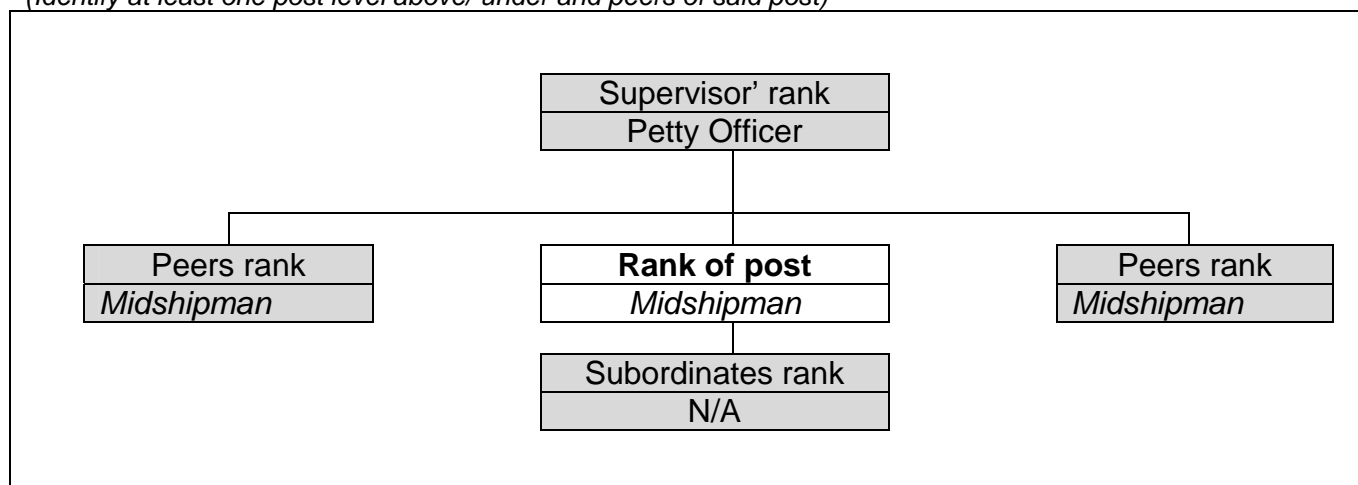
TOP SECRET	SECRET	CONFIDENTIAL	RESTRICTED
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POST PROFILE REVIEW DATE:
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B. POST DESCRIPTION

1. POST POSITION IN ORGANISATIONAL STRUCTURE :

(Identify at least one post level above/ under and peers of said post)



2. PURPOSE OF POST:

<i>To provide a training opportunity for officer candidates.</i>

3. KEY RESPONSIBILITIES AND/OR OUTPUTS (CONSULT THE RELEVANT CORE/PERSONNEL MANAGEMENT CODE (PMC): *(Indicate percentage of time spent on each responsibility)*

	%
1. <i>To act as a class/divisional leader when appointed</i>	
2. <i>To pass all theoretical and academic outcomes as stated per the curriculum.</i>	
3. <i>To maintain a high level of personal physical fitness.</i>	
4. <i>To have responsibility over all equipment placed under control.</i>	

4. DUTIES/ACTIVITIES RELATING TO KEY RESPONSIBILITIES:

1. To act as a class/divisional leader when appointed
* <i>To give the division clear instructions as per the divisional instructor/officer.</i>
* <i>To have control over the movements of all members of the division.</i>
* <i>To report the status of the division to the seniors.</i>
* <i>To ensure that the messdeck and classrooms are always in a clean state.</i>
2. To pass all theoretical and academic outcomes as stated per the curriculum.
* <i>Midshipmen are to pass all required competencies in order to be considered for commission.</i>
* <i>To attend all classes to ensure success in passing the course.</i>
* <i>To ask for clarity from subject specialists to ensure complete understanding of a particular outcome.</i>
* <i>To hand in all written assignments on or before the due dates as required.</i>
3. To maintain a high level of personal physical fitness.
* <i>To pass the required swimming evaluation as per the curriculum.</i>
* <i>To achieve the required fitness percentage (80%) by the end of the course.</i>

APPENDIX D TO MPA THESIS
REGARDING THE TRAINING OF
HIV POSITIVE OFFICER CANDIDATES, 2002

* To attend more than 75% of all physical activities to ensure opportunity for evaluation of competencies in a physical environment.
4. To have responsibility over all equipment placed under control.
* To sign for and take responsibility over the following equipment:
Messdeck security
Classroom and training devices in the classroom
All practical training training equipment such as sleeping bags, backpacks, navigation equipment and precis's.
Ensure strict discipline when using training equipment such as boats, computers and vehicles.
5. To display a high sense of dress and bearing
* To be dressed and behave according as per the requirements expected of an officer candidate.
5. RESPONSIBILITY AND ACCOUNTABILITY (include relevant acts, orders, regulations applicable to this post)
All midshipman are responsible for passing the required outcomes as outlined as per the naval specific and joint training curriculum. A midshipman is accountable to the training staff member who issues the relevant order.

6. MACHINERY, TOOLS AND EQUIPMENT (include personal safety equipment)
Rifles and ammunition.
Swords
Pistols
Computers.
Small craft
Vehicles
Sleeping bags
Back packs
Navigation equipment

C. PERSON PROFILE

1. QUALIFICATIONS

MINIMUM	PREFERRED
Matric.	Matric with Maths HG (E) & Physical Science HG (E)

2. EXPERIENCE

MINIMUM	PREFERRED
Schooling	Maritime exposure

3. TRAINING:

(Military, functional or other type of training required)

MINIMUM	PREFERRED
NA	NA

APPENDIX D TO MPA THESIS
REGARDING THE TRAINING OF
HIV POSITIVE OFFICER CANDIDATES, 2002

4. KNOWLEDGE:

MINIMUM	PREFERRED
Matric.	Matric.

5. SKILLS

MINIMUM	PREFERRED
Communication skills	Computer literate.
Interpersonal ability	Bilingual.

6. COMMUNICATION REQUIREMENTS

VERBAL	WRITTEN
English and one other official language.	English and one other official language.

7. CREATIVITY REQUIREMENTS

(nature, scope and level of creativity required by jobholder)

8. CAREER PROGRESSION REQUIREMENTS

(nature and scope of training required for career progression)

The officer candidate is under an intensive training programme to be invested in on completion of the course. The majority of midshipman will undergo functional training after the MTO1 course.

9. OCCUPATIONAL RISK EXPOSURE (OHAS ACT 85 OF 1993)

Risk Factor

a. Physical Risk Factors

Radiation	
Electricity	
Noise	X
Lighting	
Vibration	
Temperature : Hot Cold	X
Ventilation	X
Physical Stress	

b. Biological Risk Factors

Fungus	
Bacteria	
Virus	X

c. Ergonomical Risk factors

Continual Movement	X
Cramped Work Space	
Other	

d. Chemical Risk Factors

Dust (Asbestos, Silica)	
Vapour (Soldering, Welding, Lead, etc)	
Gasses (Spraypaint, Petrol, Gasses, etc)	

e. Psycho-Social Risk Factors

Stress	X
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APPENDIX D TO MPA THESIS
REGARDING THE TRAINING OF
HIV POSITIVE OFFICER CANDIDATES, 2002

D. CONFIRMATION OF INFORMATION

POST PROFILE COMPILED BY:

NAME:	R. REZELMAN	RANK:	LT CDR
SIGNATURE:		DATE:	

ACKNOWLEDGEMENT BY POST INCUMBENT:

NAME:	YUNDA TRAYNEN	RANK:	MID
SIGNATURE:		DATE:	

PARTICULARS OF DIRECTOR/ OFFICER COMMADING/SUPERVISOR:

NAME:	G. T. MPHAFI	RANK:	CAPT
SIGNATURE:		DATE:	

MASTERS RESEARCH PROPOSAL (MPA)

**THE CONSTITUTIONAL FAIRNESS OF DISCRIMINATING
AGAINST HIV POSITIVE UNIFORM MEMBERS OF THE
SA NAVY FROM ATTENDING SPECIFIC TRAINING
INTERVENTIONS**

2002



STELLENBOSCH UNIVERSITY - SCHOOL OF PUBLIC AND DEVELOPMENT MANAGEMENT

RENS REZELMAN

STUDENT NUMBER: 1212 4788

STUDY LEADER (PROPOSED): BELINDA VAN WYK

RENS REZELMAN

TITLE

The Constitutional fairness of discriminating against HIV positive members of the SA Navy from attending specific training interventions.

AIM

It is intended to legally determine whether or not it is fair to discriminate against HIV/AIDS infected uniform members of the SA Navy from attending specific mentally and physically demanding training interventions in the military environment.

By using the current legal guidelines as a framework, the proposed study will explore the legal implications of excluding HIV positive members from certain military courses.

BACKGROUND/ RATIONALE

With the Constitution as a starting point, the issue of discrimination and whether or not the practice is fair or unfair, will be explored in greater detail. The current fair discriminatory practices within the military will also be focused upon to familiarize the reader with legally accepted forms of discrimination. The Labour Relations Act will be referred to, since much of what is elaborated upon in that Act stems from the constitutional Bill of Rights. The crux of the matter is explored in the clause that clearly says “*discrimination...is unfair unless it is established that the discrimination is fair*”.

The military is considered as a *high-risk* organisation in terms of HIV infection. The armed forces, especially in South Africa, are prone to being crippled by this

new *silent enemy*. The military is considered to be a high-risk populations (UNAIDS, 1998). The rapid spread of the disease and the statistics that originate from this make unbelievable reading and focus on the necessity of the SANDF to be able to come to terms with this destructive virus.

By looking at the medical side-effects (Southern African HIV Journal, Military Medicine) of the HIV virus (both mental and physical) it should become clear that certain military training opportunities cannot be undertaken by HIV positive members. The Occupational Health and Safety Act (Sec 1, 2.2(i)) will also be referred to since the employer is charged with making the work environment "...a safe working environment for all..." The complications that exist due to the confidentiality of HIV/AIDS makes management of the disease even more complicating. The Access to Information Act will elaborate more on that issue.

PRELIMINARY LITERATURE REVIEW/ THEORETICAL FRAMEWORK

The Defence Act (1957) which also stems from the Constitution charges the SANDF to be a "combat-ready force". The SA Navy exists to defend the maritime waters of South Africa. To ensure that this requirement is met, the training that is conducted on specific courses is physically and mentally demanding. These training opportunities are designed to simulate combat environments. The question is can a member of the SA Navy who is HIV positive participate in these courses? AIDS Action and other groups will argue that it would be legally unfair to discriminate against them. The Draft Code of Good Practice for employing people with HIV/AIDS (Government Gazette, 25 Apr 2000) intends on eliminating unfair discrimination in the workplace based on HIV status. The research will also spend time clarifying the issue of discrimination, both fair and unfair.

Yeager in his 1996 paper entitled *Military Populations: An AIDS brief for sectoral planners and managers* lays a good foundation when establishing the

uniqueness of the military environment. The Civil-Military Alliance to combat HIV/AIDS Newsletter (1996) titled *The Military: An Occupation that puts soldiers at risk* clearly focuses on the risks that uniform members face when joining the armed forces. He emphasizes that it is not war that is the primary threat but rather the risk of becoming infected with HIV. As statistics from UNAIDS will show, two thirds of the world's AIDS cases live in Sub-Saharan Africa. In 2001 that figure was predicted to be at 40 million people. South Africa has the unenviable honour of being the country with the highest adult HIV infection rate. With 1 600 people being infected on a daily basis in South Africa alone, it is not surprising that this remains a highly contentious and current issue.

The issue of AIDS in the workplace is not a new one. Pyne (1, 2000) looks at the impact of International Law and the rights of people living with HIV/AIDS. To elaborate on the Human Rights of the individual, research was conducted to determine the legal constraints. Government gazettes (R 484 & R 485, 1999) dealt specifically the implications of AIDS notification for human rights in South Africa. . Whiteside and Sunter in their work *AIDS: The challenge for South Africa* (2000) addresses issues of future predictions for South Africa, especially in the labour market. Issues such as pre-employment testing, equity and the Bill of rights are discussed.

Heineken (2000) in her paper *HIV/AIDS, the military and the Impact on National and international security* takes a more specific look at the impact of the disease as well as the impact on effectiveness of the SANDF. Since the mid-eighties authors such as Evian, Jaffery and Duckitt have been exploring the impact AIDS will have on the workplace. In South Africa, Mills and Heineken have focused on the military context specifically.

RESEARCH DESIGN

According to Mouton (2001, 148-151), this research design displays the characteristics of a participant observation study. The study is predominantly qualitative in nature. This paper intends on finding empirical data of HIV in uniform members and the issue of training infected members. The interviews highlighted later in the methodology display the characteristic exploratory and descriptive nature of the topic. Being a member of the SA Navy myself, I expect to capitalise on the strengths of such a study by having in-depth insights regarding the issue as well as having the advantage of personally knowing some of the training OiC's identified for interviewing.

The weakness of this design is possible research bias. As many perspectives as possible will be obtained through formal and semi-formal interviews. This is necessary in order to be objective and minimise researcher bias.

RESEARCH METHODOLOGY

Due to the confidentiality of the HIV virus, it would be impossible to specifically target uniform members who are HIV+. Instead, the following groups will make up the majority of the specific groups that will be targeted for opinion questionnaires and surveys:

INTERVIEWS:

- a. **SA Navy Training Instructors:** The Officers in Command of Diving and Officer training schools/colleges will be formally interviewed with a structured format. These will be in ordinally selected and the sampling will be specific.
- b. **Trainees:** Trainees attending both the diving and officers courses will be questioned by means of an opinion survey. The size of the groups (+- 15 divers and 52 officer candidates) is a captive

audience and all trainees will be tested. By using the package Moonstats (Welman & Kruger, 2001), it is intended to verify whether or not the trainees know or have an understanding of any of the following: How HIV is spread, are they HIV positive (this question will clearly indicate a *private* option), does the current course present any situations where HIV can be spread (they are to briefly explain the scenarios), when last they were tested for HIV, and, in their opinion, should HIV+ members be prevented from attending their course.

- c. **Medical Doctors:** In an attempt to verify the medical validity of the scenarios given by the trainees (if any), military medical doctors will be asked, in their professional opinion, whether or not a chance of HIV transmission is possible. The summary of the findings will be presented to the HIV unit at 2 Military Hospital in Wynberg for further opinion.

TIME SCALE

The final thesis must be submitted by 31 August 2002. Three months remain and much needs to be achieved. My proposed time management scale can be tabled as follows:

	WEEK 1	WEEK 2	WEEK 3	WEEK 4
MAY	Theory on Research Methodology. Research proposal complete.			Trip to Mil Acad. Meet L. Heinecken.
JUNE	Compile & conduct questions for trainee survey.	Conduct Diver trainee survey. E-mail current progress to Uni.	Meeting with B. van Wyk for feedback.(Wed)	
JULY	E-mail current progress to Uni.		Meeting with B. van Wyk for feedback.(Wed)	
AUGUST		Meeting with B. van Wyk for feedback.(Wed)		

Chapter outline

Part One: The military population is unique when compared to civil society. Military populations are historically inclined to have a higher sexually transmitted disease rate (STD) of 2 – 5 times that of civil society. The organisation is a male dominated environment and the young and sexually active uniform members are often deployed internationally for long periods of time. The practise of engaging with sex-workers is a common phenomenon and the HIV virus flourishes and migrates in such conditions. With the South African civil society adult HIV infection rate at just below 25%, the military environment may very well present more alarming statistics. The statistics for the Sub – Saharan militaries will briefly be looked at to determine a possible benchmark.

Part Two: Once it has been established that the military is a unique environment in terms of this research paper, it is important to briefly look at the medical side-effects of AIDS. Medical journals and military doctors will provide much of the credibility in this aspect. This chapter will be approximately 5 – 10 pages only.

Part Three: The nature of the training will be investigated. The Naval Officers course and Navy Diver course will be the focus of analysis. The questionnaires will be analysed as well as the possibility of a threat for HIV transmission will also be investigated.

Part Four: An in-depth approach to the legal and policy aspects will be conducted. The question of constitutional fairness will be investigated against the backdrop of what has already been discovered. Issues such as HIV testing, recruitment and training policy will be investigated alongside acts such as the Occupational Health and Safety Act.

These four parts will make up the proposed chapters. Other chapters will include an introductory chapter. It is proposed to include the rationale of the study in this

chapter, as well as specific definitions that will be required to understand the perspective of the researcher.

A research methodology chapter will include the methods in which much of the data were analysed.

A conclusionary chapter will also permit brief future scenarios regarding this issue. It is intended that an answer to the research problem be discovered.

List of References

Other sources include the following:

- a. **Internet Sources:** The Internet has so far proven to be a wealth of credible information. The dynamic nature of the topic means that most of what is being researched has not yet been converted into print sources. The following websites provide a wealth of information regarding the legal, medical, statistical and military perspective of the pandemic: www.aidslaw.com, www.cdc.gov/mwmmr, www.thebody.com, www.aidsalliance.com, www.polity.org, www.mil.za, www.link2southafrica.com etc.
- b. **Legal Documentation:** Due to the legal nature of the research, many Acts and policies will constantly be referred to. Military policy in both the medical and training fields will be investigated. The most important legal papers that will influence the framework are as follows: The Constitution as the starting point for both the issue of fair/unfair discrimination; the Defence Act that charges the SANDF with maintaining a combat ready-force; the Training Policy of the SA Navy; the SANDF HIV/AIDS Policy; the Skills Development Act and the impact HIV/AIDS will have on career progression in the military; the Occupational Health and Safety Act and the importance for the employer providing a work environment specifically free from the threat of HIV; the Labour Relations Act; and the Access to Information Act.

Other print documentation that has already been gathered includes:

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Whiteside A. & Sunter C. 2000. **AIDS: The challenge for South Africa.** Human & Rosseau, Tafelberg. (99+)

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Military Training for Officers Practical Leadership and Sea Survival Phase, Hermanus, 2001.

Military Training for Ratings Part one Curriculum: South African Navy

SA Medical Health Services Order, **“The Treatment of HIV, AIDS and STD’s”** 1998

SAS Outeniqua, Exercise Southern Lights III, Antarctica, 1996.